



CONFERENCE REGISTRATION FORM



October 19-22, 2008

DEADLINE FOR SUBMISSION IS SEPTEMBER 1, 2008

Complete one of these forms for each delegate including his or her associated spouse/guest. If you need more forms, please photocopy, or print from the conference website.

ENCLOSE REGISTRATION FEES

MAKE CHECK PAYABLE TO BLUE CROSS BLUE SHIELD OF ARIZONA

REGISTRATION FEE		NO. OF PERSONS		TOTAL
Delegate(s) \$1,600	X	_____	=	_____
Spouse/Guest(s) \$800	X	_____	=	_____
TOTAL ENCLOSED \$ _____				

Spouse/Guest fee includes the Sunday evening reception, Monday spouse event, Tuesday evening reception/dinner and three breakfasts.

NO REFUNDS AFTER SEPTEMBER 12, 2008

DELEGATE'S NAME _____

DELEGATE'S FIRST NAME for name badge _____

PLAN/COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

SPOUSE/GUEST'S NAME _____

SPOUSE/GUEST'S FIRST NAME for name badge _____

Please let us know of any special needs or meal requirements.

Use the enclosed self addressed postage paid envelope, and mail to:

Blue Cross Blue Shield of Arizona
ATTN: Linda Hughes
P.O. Box 13466
Phoenix, AZ 85002-3466

Phone: (602) 864-4566 Fax: (602) 864-4200

E-mail: lhughes@azblue.com

HOTEL RESERVATIONS SHOULD BE MADE DIRECTLY WITH THE ARIZONA BILTMORE.
VISIT THE CONFERENCE WEBSITE, WWW.WESTERNCONFERENCE.ORG