

You may register by: Mail: TCBI, 944 Indian Peak Rd., Suite 120, Rolling Hills Estates, CA 90274
Phone: (310) 265-0621 Fax: (310) 265-2963 Email: info@tcbi.org Online at www.tcbi.org

Phone Registration Hours: 9 am to 4 pm Pacific Time

For information on registration fees, please see the next page (back cover of brochure)

SUPPORTING ORGANIZATION DISCOUNT

TCBI is offering a \$100 supporting organization discount on the applicable conference registration fee for members of the American Academy of Home Care Physicians (AAHCP) and DMAA: The Care Continuum Alliance. Members of the following associations that comprise EHR Nevada are also eligible to receive the \$100 supporting organization discount: Clark County Medical Society, Nevada HIMSS, Nevada MGMA and the Southern Nevada Medical Industry Coalition. In addition, both members and contacts of the Clinical Groupware Collaborative are eligible to receive the \$100 supporting organization discount (discount code required to receive the discount). Please note that supporting organization discounts cannot be combined (the full discount available is \$100). However, the supporting organization discount may be combined with the earlybird discount.

EARLYBIRD DISCOUNT

You must register and pay by August 27, 2010 to receive the \$100 earlybird discount on registration fees.

GROUP DISCOUNT

Organizations sending more than four registrants from the same organization to the conference will qualify for a \$200 discount on the applicable registration fee for the fifth and subsequent registrants.

PAYMENTS

Payments must be made in U.S. dollars by Visa, Mastercard, Discover, American Express, company check (drawn on a US bank), or by wire transfer. Please make checks payable to The Center for Business Innovation and send to: TCBI, 944 Indian Peak Rd., Suite 120, Rolling Hills Estates, CA 90274. In the memo area of the check, please write the name of the registrant and the conference code **C121**. For information about wire transfers, please contact TCBI: Tel: (310) 265-0621, Email: info@tcbi.org.

HOTEL INFORMATION

Green Valley Ranch Resort, Spa & Casino, 2300 Paseo Verde Parkway, Henderson, NV 89052. To make hotel reservations, please call The Green Valley Ranch Reservations Department at **(866) 782-9487** or **(702) 617-7777** and mention "TCBI" to receive the preferred rate for conference attendees. In order to secure the preferred group rate, reservations must be made by August 16, 2010. After that date, the preferred group rate may not be available (please check with the hotel). Please note that the preferred \$95 rate applies only for the nights of September 8th and 9th. However, the hotel may offer the \$95 rate on other nights based on availability. \$95 plus tax for Single or Double Occupancy. A \$25 Resort fee per night will be applied to each guest room. Resort fee includes daily newspaper, coffee in room and lobby, all rooms equipped with high speed internet access, unlimited local and toll free calls, turndown service upon request, admission to the exercise facility at the Resort (normally \$30) and shuttle service to and from McCarran International Airport on a set schedule. Cancellations must be made 48 hours before reservation date. A charge of \$35 will be added for each guest room over double occupancy. Reservations canceled within 48 hours to arrival will be charged a no show fee of one night room and tax. The Green Valley Ranch is approximately 20 minutes by car from McCarran International Airport in Las Vegas. If you prefer, you can make your hotel reservations online; to reserve online, visit our company website, www.tcbi.org, go to the Inaugural Digital Medical Office of the Future Conference page and then click on the Hotel Accommodations link.

CANCELLATION POLICY

For cancellations received in writing:

Four weeks or more prior to the event	Full Refund or Credit Voucher
Between two weeks and four weeks prior to the event	\$200 Cancellation Fee or Full Credit Voucher
Two weeks or less prior to the event	No Refund; Full Credit Voucher Will Be Issued

Credit vouchers may be applied toward any future TCBI event within one calendar year.

If TCBI decides to cancel any portion of this event, the organizers are not responsible for covering airfare, hotel or any other costs. Speakers, networking events and the agenda are subject to change without notice. This cancellation policy applies only to delegate registrations, not sponsorships.

SUBSTITUTIONS

Registrant substitutions may be made up to the day of the event.

FREE PRESS PASSES AVAILABLE

To find out if you qualify for a free press pass, which is usually offered to full-time journalists, please email info@tcbi.org or call (310) 265-0621.

Conference Registration Form

Name: _____
Job Title: _____
Organization: _____
Address/Suite/Floor#: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

I accept the Cancellation Policy on the previous page.
(signature required to process registration):

Method of Payment (please check one)

- American Express Visa MasterCard Discover
 Company Check Wire Transfer

Credit Card #: _____ Exp. Date: _____

Name Appearing on Credit Card: _____

Mailing Address for Credit Card: _____

Signature: _____

To be added to our mailing list, please email info@tcbi.org

Inaugural Digital Medical Office of the Future Conference & Exhibition, Sept. 9-10, 2010, Las Vegas

Registration Options:	PRICE
<input type="checkbox"/> Registration Fee (Conference Only)	\$695
<input type="checkbox"/> Registration Fee (Conference Plus Post-Conference Workshop) Optional Post-Conference Workshop Topic: Optimize Workflow to Accelerate Clinical Transformation	\$995
<input type="checkbox"/> I qualify for the \$100 earlybird discount (registration and payment must be made by August 27, 2010).	
<input type="checkbox"/> I am a member of the American Academy of Home Care Physicians (AAHCP), Clark County Medical Society, DMAA: The Care Continuum Alliance, Nevada HIMSS, Nevada MGMA and/or the Southern Nevada Medical Industry Coalition and qualify for a \$100 supporting organization discount on the applicable registration fee. Please note that these supporting organization discounts cannot be combined; the full discount available is \$100. Please underline the organization through which you are receiving the discount.	
<input type="checkbox"/> I am a member or contact of the Clinical Groupware Collaborative and am entitled to a \$100 supporting organization discount. Discount Code _____	
Total: _____	



The Center for Business Innovation

Send Completed Registration Form With Payment (if Applicable) To:
The Center for Business Innovation
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To register by fax or mail, please fill out a copy of this page for each registrant and send to TCBI.