



Registration Form

Name: _____ name (if different) for badge: _____

Institution / Department: _____

Address: _____

City: _____ State / Province: _____ Country: _____ Zip / Postal code: _____

Business Phone: _____ Fax: _____ E-mail: _____

Emergency Contact: _____ Day phone: _____ Evening Phone: _____

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Member affiliation: HeSCA ABCD IMI BCA Slice of Life Non-member My first HeSCA meeting
Check all that apply

Section 1: Registration	Early registration before 5/20/03	Late registration after 5/20/03	1 Day Only Thurs/ Fri/Sat before 5/20/03	1 Day Only Thurs/ Fri/Sat after 5/20/03	Awards Banquet included with full registration <i>Indicate meal selection</i>	<i>Slice of Life affiliates</i> In order to be eligible for member rates, you must be registered to attend the Slice of Life conference in Philadelphia.
<input type="checkbox"/> Member	\$395	\$495	\$175	\$195	___ Stuffed Tilapia	
<input type="checkbox"/> Nonmember	\$495	\$595	\$225	\$245	___ Filet & Chicken	
<input type="checkbox"/> Student / Retired	\$295	\$395	\$150	\$170	___ Vegetarian	
					___ Not attending	

Section 2: Workshops	Wednesday, June 18, 2003	Workshop Fees			
8am — Noon	<input type="checkbox"/> High Definition TV <input type="checkbox"/> Content Management Systems: Selection and Implementation <input type="checkbox"/> Medical Animation	<i>Before 5/20/03</i>		<i>After 5/20/03</i>	
1pm — 5pm	<input type="checkbox"/> Innovations in Medical A/V Technology <input type="checkbox"/> Unlocking Creativity <input type="checkbox"/> Building Accessibility into PowerPoint <input type="checkbox"/> Direct Response Marketing	<i>Member</i>	<i>Non-member</i>	<i>Member</i>	<i>Non-member</i>
Full day workshop	<input type="checkbox"/> Internet 2 in Health and Science <input type="checkbox"/> Multimedia Workshop <input type="checkbox"/> Digital Video Editing	<i>Half Day Workshops</i>			
		\$80	\$110	\$100	\$130
		<i>Full Day Workshops</i>			
		\$140	\$170	\$160	\$190

Section 3: Special Events *Please indicate number of tickets*

Wednesday evening, 6/18: Donegal Square Ghostly Adventure
 ___ @ \$30.00 Adult ___ @ \$15.00 Children 16 and under

Thursday evening, 6/19: Crayola Factory Fun Night
 ___ @ \$65.00 Adult ___ @ \$25 Children 16 and under

Saturday evening, 6/21: Awards Banquet — Additional Tickets
(Tickets \$55.00 per person)
 ___ Stuffed Tilapia ___ Petite Filet & Chicken ___ Vegetarian

Section 5: Payment

Payment in US Dollars may be made by check, MasterCard, Visa, Discover, American Express, or Purchase Order. If payment is made by credit card or purchase order you may fax your registration to HeSCA headquarters. Make checks payable to: HeSCA

___ VISA ___ MC ___ Discover ___ American Express
 ___ Purchase order # _____

Name on Card: _____
 Card No: _____
 (for Visa, 3 digit code on back of card _____)

Expiration Date: _____
 Signature: _____

*Cancellations before May 20, 2003 are subject to a \$25 cancellation.
 No refunds will be made after June 2, 2003*

Section 4: Add it up

Meeting registration = _____
 Workshop registration = _____
 Special Event—Wednesday = _____
 Special Events—Thursday = _____
 Additional Banquet Tickets = _____
 Total = _____

HeSCA and ABCD are committed to compliance with the Americans with Disabilities Act (ADA). Participants who require assistance must notify HeSCA in advance of the meeting. Every reasonable effort will be made to accommodate meeting needs. Hotel facility needs are the responsibility of the Radisson Hotel Bethlehem.

Section 6: Send it

HeSCA
 39 Wedgewood Drive, Suite A
 Jewett City, CT 06351-2528
 Phone: 860.376.5915 FAX: 860.376.6621
 E-mail: hesca@hesca.org

Not a member?

Join now and save \$100 on your conference registration.