



ASOCIACIÓN DE HOSPITALES
DE PUERTO RICO
1942

HEALTH IT SUMMIT 2018

August 24, 2018

Intercontinental San Juan Hotel, Caribbean Room, Isla Verde - Carolina, P.R.

6 Continuing Education Credits will be Provided

Continuing Education Provider Number: 00041

REGISTRATION FORM

First Name: _____ Last name _____ 2nd last name _____

Title: _____

Organization: _____

Profession: _____ License Number: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

REGISTRATION COSTS

Puerto Rico Hospital Association Members: \$150.00

Group of 3 or more PRHA Members: \$125.00 each

Non-member: \$200.00

PAYMENT INFORMATION:

Check or Money Order # _____ (Payable to: Asociación de Hospitales de Puerto Rico)

Visa _____ MasterCard _____

Card Number: _____

Name on card: _____ Expiration Date: _____

Security Code: _____ Signature: _____

Please return this form along with your check, money order or credit card information to:

Puerto Rico Hospital Association, Villa Nevárez Professional Center Suite 101, San Juan, PR 00927

Fax 787-753-9748 email: info@hospitalespr.org

For information contact: www.hospitalespr.org or Telephone: 787-764-0290

Cancellation Policy: Payment needed to guarantee registration. No charge for cancellations received before August 17, 2018. Late cancellations until August 22, 2018 will be charged 50% of registration costs. After this date, no refunds will be honored.