

THE QUALITY COLLOQUIUM - PATIENT SAFETY CERTIFICATE PROGRAM

PURCHASE FORM

THE PATIENT SAFETY CERTIFICATE PROGRAM INCLUDES:

- Background readings (available online)
- Streaming Video of entire Quality Colloquium with synchronized PowerPoint presentations (available online)
- Online examination with certificate of completion

1: PLEASE COMPLETE THE FOLLOWING

PLEASE PRINT

NAME _____

SIGNATURE OF PURCHASER - REQUIRED _____

JOB TITLE _____

ORGANIZATION _____

DEPARTMENT _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

FAX - Please include fax number if you wish to receive a confirmation letter. _____

E-MAIL _____

2: INDIVIDUAL TRAINING FEES

Certificate program purchase includes the items listed above for a period of six months - available 24/7.

CERTIFICATE PROGRAM:

- Patient Safety Certificate Program **\$595.00**

3: GROUP TRAINING FEES

Group registration offers the substantial volume discounts set forth below.

Group registration offers the possibility of implementing a medical home online training program. Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track conference participation to employees. Certificate of successful completion of online post conference examination evidence mastery of conference body of knowledge.

Group Training Access:

- 5 or more **\$495.00**
- 10 or more **\$395.00**
- 15 or more **\$295.00**
- 20 or more **\$195.00**

- Enroll my group in the Certificate Program

Number of enrollees:

Note: A separate purchase form with Section 1 above completed must be included for each individual.

4: PAYMENT OPTIONS

Please enclose payment with your order and return it to the Colloquium Registrar, 22529 39th Ave SE, Bothell, WA 98021 — or fax your credit card payment to 206-319-5303.

You may also register online at www.QualityColloquium.com

- Check/money order enclosed (checks payable to Healthcare Conference Administrators, LLC)
- Credit card: American Express Visa MasterCard

Optional Discount Code:

Amount Due (from No. 2 or 3) TOTAL \$

ACCOUNT No. _____

NAME OF CARDHOLDER _____ EXP. DATE / _____

SIGNATURE OF CARDHOLDER _____

PURCHASER SIGNATURE _____

5: OTHER INFORMATION

For Ordering Questions: Phone: 800-503-7630
(Continental US, Alaska and Hawaii only) or 206-452-5516
Email: registration@hcconferences.com
(registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment to Health Care Conference Administrators LLC by check, MasterCard, Visa or American Express. Credit card charges will be listed on your statement as payment to Health Care Conference Administrators LLC. Checks or money orders should be made payable to Health Care Conference Administrators LLC. A \$30 fee will be charged on any returned checks.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Colloquium post conference content via Internet access through the sharing of user names and passwords or via alternative media (Flash Drive) through the sharing of said media is restricted by law and may subject the copyright infringer to substantial civil damages. The Colloquium aggressively pursues copyright infringers.

The Colloquium will pay a reward for information regarding unauthorized sharing of Colloquium content. The reward will be 25% of any recovery resulting from a copyright infringement (less legal fees and other expenses related to the recovery) up to a maximum reward payment of \$25,000. The payment will be made to the individual or individuals who in the opinion of our legal counsel first provided the factual information, which was necessary for the recovery.

If you have knowledge regarding the unauthorized Colloquium content sharing, contact the Colloquium registration office.

TERMS AND CONDITIONS

An executed purchase form constitutes binding agreement between the parties.

How did you learn about this conference?

- Brochure Magazine Ad Friend/Colleague E-mail Notice