



Program Registration

Ohio Health Information Management Association
 March 22 – 24, 2010 | Hilton at Easton, Columbus, Ohio

Please type or print. The information in **bold** will be used to make your meeting badge. Complete as you want your badge to appear.
Register one person per form. Registration confirmation **will not** be sent. Your email will be used for handout access and program updates but is never released to outside requestors.

Name: _____ If OHIMA Member, AHIMA ID#: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Title: _____

Make check payable to: OHIMA (Tax ID # 31-0918571)
Send this form with payment to: OHIMA Annual Meeting, PO Box 824, Worthington, Ohio 43085-0824
Deadline: To qualify for the Early Bird Discount, registration and payment must be postmarked by **March 5, 2010.**

 To make a payment with your Visa or MasterCard, register online at www.ohima.org

Day	Early Bird (postmarked by 3/5)		Late (postmarked after 3/5)		Student/Senior**		Amount	
	Member*	Non-Member	Member*	Non-Member	by 3/5	after 3/5		
Monday, March 22 Includes Awards Luncheon & Happy Hour. I will attend Awards Luncheon: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$105	\$130	\$120	\$150	\$30	\$40		
Tuesday, March 23 Includes Exhibit Hall, Boxed Lunch & Reception Boxed Lunch Order: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$105	\$130	\$120	\$150	\$30	\$40		
Wednesday, March 24 Includes Exhibit Hall, Boxed Lunch Boxed Lunch Order: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$105	\$130	\$120	\$150	\$30	\$40		
\$\$ Remember to deduct \$30 from the total if registering for all 3 days! (excluding students, seniors and onsite registrants)							GRAND TOTAL	

* 2010 Active AHIMA/OHIMA Member
 ** To qualify for the student/senior rate: Must be an active student or senior member of AHIMA, with Ohio as your chosen state association.
 Check here if you have a disability that requires special arrangements. Please contact us to discuss your specific needs.

Refer to the Program Agenda grid and circle below the sessions you plan to attend so that room size can be determined.

Monday, March 22	Concurrent Sessions	(Choose one at each time) Note: Session 4 is not repeated.
	1:45 pm	1 2 3 4a
	3:15 pm	1 2 3 4b
Tuesday, March 23	Concurrent Sessions	(Choose one at each time) Note: Session 4 is not repeated.
	12:45 pm	1 2 3 4a
	2:45 pm	1 2 3 4b
Wednesday, March 24	Special Interest Groups	(Choose one) I. CODING or II. DIRECTORS DAY

For Office Use Only: Received: _____ Check #: _____ Date Entered: _____