

**AAHAM Spring Conference
May 19-20, 2016
Hilton Garden Inn
Johnston, IA**

[PLEASE PRINT OR TYPE THE INFORMATION BELOW]

Last Name: _____

First Name: _____

Title: _____

Organization: _____

Organization Mailing Address: _____

City/State/Zip: _____

AC/Phone: _____ Fax: _____

E-Mail: _____

Fees:

AAHAM Member	Non-AAHAM Member
Full Conference = \$130.00	Full Conference = \$140.00

Late Registration: Add additional \$20 after May 2, 2016

Return To:

**Connie Dudding
Mary Greeley Medical Center
1111 Duff Avenue
Ames, IA 50010**

Once your registration is received, a board member will send you a link to all materials prior to the meeting.

For Office Use Only

Date Received _____

Check # _____

Program Fee Amount \$ _____

Check Total \$ _____

Organization

Personal