

If you choose to use a credit card please complete the information below:

The PrimeCare O&P Network is authorized to charge my credit card as instructed.

Cardholder Information:

Cardholder's Name: _____ Billing address: _____
(as it appears on credit card)

City, State, Zip: _____ Phone Number: _____

Signature: _____

Card Information:

Type: _____ AMEX, MC or VISA _____ Credit Card #: _____
(circle one)

Expiration Date: _____ Security Code: _____

(3 digit # on back of card for Visa and MC; for AMEX, 4 digit # on front of card above the credit card #.)

Deadline for early bird registration is May 1, 2010. Payment must be received by May 1, 2010, to ensure the early bird rate. Registration is not confirmed until payment is received in full.

For additional information, call us toll free at 888-388-5243.

Exhibitors and attendees must make their own hotel reservations. Please contact the hotel directly.

***Online booking:** https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=2497146

**new this year*

Phone booking: If you prefer to call and make a reservation, the toll free number is 800-266-9432.

Renaissance Nashville Hotel
611 Commerce Street
Nashville, Tennessee 37203

Mention the PrimeFare meeting to enjoy the special room rate of \$169.00 per night. The room block will be held until 05/01/10.

Friday Lunch Reservation:

Friday June 4, 2010

- Yes - I will attend lunch
- No – I will NOT attend lunch

Friday Reception Reservation:

Friday June 4, 2010 6:30-8:00 Cocktail reception

- Yes - I will attend
- No – I will NOT attend

Saturday Breakfast Reservation:

Saturday June 5, 2010

- Yes - I will attend breakfast
- No – I will NOT attend breakfast

Saturday Lunch Reservation:

Saturday June 5, 2010

- Yes - I will attend lunch
- No – I will NOT attend lunch

****Please help us avoid wasting food or resources. Meals are automatically included with your registration fee.**

If your spouse or family member would like to join you for a meal, please see indicate above which meal(s) and include \$35 per meal with your registration.

Additional Family for Meals:

Additional # _____ @ \$ 35 each = \$ _____ total

Additional Information:

NO REFUNDS

PrimeCare O&P Network • Phone: 888-388-5243 • Fax: 901-754-0560 • www.primecareop.com