



2012 Healthcare Supplier/Provider Institute
April 9-10, 2012

Supplier/ GPO Registration

Registration Information (please type or print)

First Name _____ Last Name _____

Title _____

Organization _____

Address _____

City/State/Zip _____

Phone number _____

Email address _____

Credit Card # _____

Expiration Date _____ cvv code _____

Billing Address _____

Early Bird Registration:
\$895 before December 28th;
\$1049 after December 28th

Venue:

Mandalay Bay
3950 Las Vegas Blvd. South
Las Vegas, NV 89119
www.marriottohare.com

Room Rate:

\$159 (mention the Healthcare S/P
Reference Group Code: XHSP1M)

Reservations:

Call 1-877-632-7000

Attire:

Business Casual

Contact Information:

Harla Adams at hadams@nihcl.com or
817-842-2331

————— Please remit registration via fax to 678 623 3495