

Registration Form BUSINESS HEALTH AGENDA 2010

Please type/print clearly the following information. Each registrant must complete a separate registration form.

Name		Title	
Organization			
Street Address			Suite
City	State	Zip	
Telephone	Fax	E-mail	

Cancellation Policy

Cancellations received in writing and postmarked no later than February 15, 2010 will receive a full refund, less 20% processing fee. There will be NO REFUNDS for those cancellations AFTER February 15, 2010. Substitutions are permitted.

Registration Fees: Payment is due prior to the Conference.

This year, the National Business Group on Health is offering the Employers' Summit in conjunction with the Business Health Agenda. Please note, that Summit Registration is limited to HR/Benefits professionals only. All Summit registrations will be reviewed and must be approved by Business Group staff. For more information regarding the Employers' Summit please visit the conference website.

Category	Received before January 31st	Received after January 31st
<input type="checkbox"/> Member: BHA 2010 Only	\$850	\$950
<input type="checkbox"/> Additional Member Registrant: BHA 2010 Only	\$600	\$700
<input type="checkbox"/> Non Member: BHA 2010 Only	\$1,350	\$1,450
<input type="checkbox"/> Employers' Summit Only (either Member or Non Member)	\$300	\$300
<input type="checkbox"/> Member: BHA 2010 & Summit	\$950	\$1,050
<input type="checkbox"/> Additional Member Registrant: BHA 2010 & Summit	\$700	\$800
<input type="checkbox"/> Non Member: BHA 2010 & Summit	\$1,450	\$1,550

Registration options and fees for 2010 are listed below:

Business Health Agenda 2010 is widely attended and space is limited. **To assure attendance from as many companies as possible, the conference can only accept a maximum of 3 paying registrants per company.**

Please check one for Thursday 3/11/10 morning sessions

OPTION I Morning General Sessions 8:30 AM – 12:30 PM

OPTION II Sponsored General Sessions 8:30 AM – 12:15 PM

Please select one breakout session per time period:

SESSION 5 BREAKOUT SESSION #1, Thursday, 3/11, 2:30 – 4:00 PM:

5A

5B

5C

SESSION 6 BREAKOUT SESSION #2, Thursday, 3/11, 4:15 – 5:45 PM:

6A

6B

6C

SESSION 7 BREAKOUT SESSION #3, Friday, 3/12, 7:30 – 9:00 AM:

7A

7B

7C

Check (Payable to National Business Group on Health in U.S. Dollars) \$ _____

Credit Card



Card Number

Expiration Date

Signature

Four Easy Ways to Register



Secure **online** registration at <http://www.businessgrouphealth.org/conference10/index.cfm>



By **mail** to: Business Health Agenda 2010
P.O. Box 75516, Baltimore, MD 21275



By **fax** to (202) 624-1766



By **phone** at (202) 624-1763

For more information, please call (202) 624-1763 or email us at: businessgroup@meetingmgmt.com