



# WALK-IN REGISTRATION FORM

Name of Program 2019 Annual Conference

Date of Program June 18-19, 2019

► Walk-in Registration Fee = \$400.00

REGISTRANT (please print)

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO IRHA**

**Return to:** Indiana Rural Health Association  
2901 Ohio Boulevard, Suite 240  
Terre Haute, IN 47803

**Cancellations and Refunds: There will be no refunds for cancellations.**

**IF PAYING WITH A CREDIT CARD PLEASE COMPLET REVERSE SIDE**

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\_\_\_ Discover

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\_\_\_ MasterCard

\_\_\_ Discover

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**Card Number**

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**Total Amount:** \$ \_\_\_\_\_



# WALK-IN REGISTRATION FORM

Name of Program 2019 Annual Conference

Date of Program June 18-19, 2019

► Walk-in Registration Fee = \$400.00

REGISTRANT (please print)

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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**Return to:** Indiana Rural Health Association  
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**Cancellations and Refunds: There will be no refunds for cancellations.**

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