

# ATTENDEE REGISTRATION FORM

## InSight 2010 Annual Conference

September 14-17 • Colorado Convention Center • Denver, Colorado

Complete all information. Incomplete forms will not be processed. Payment must be received with form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Membership ID: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

If you received an offer code from InSight or McKesson, please enter it here: \_\_\_\_\_

Check here if you do not wish to receive information from InSight exhibitors via mail or email.

### Conference Registration:

**\* Early bird rate has been extended to July 16.**

<b>Full Conference</b>	By July 16	After July 16	<b>Group Rate*</b>	By July 16	After July 16
Active Member	<input type="checkbox"/> \$700	<input type="checkbox"/> \$900	Active Member	<input type="checkbox"/> \$680	<input type="checkbox"/> \$680
Renew Member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$1025	Renew Member	<input type="checkbox"/> \$805	<input type="checkbox"/> \$805
Join Member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$1025	Join Member	<input type="checkbox"/> \$805	<input type="checkbox"/> \$805

\*To qualify for the group rate there must be five or more registrations from the same organization submitted together with full payment. Once five individuals from a company have been submitted, others may add on to the group registration. Each individual must submit a registration form. Speakers and other individual discounts do not qualify for the group rate. Group rates are non-refundable.

<b>Daily Registration</b>	1 Day	2 Day	<b>For Daily Registration</b>
Active Member	<input type="checkbox"/> \$400	<input type="checkbox"/> \$700	Select Day: <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Renew Member	<input type="checkbox"/> \$525	<input type="checkbox"/> \$825	
Join Member	<input type="checkbox"/> \$525	<input type="checkbox"/> \$825	

### Pre Conference Workshops:

#	Title
_____	_____

### Pre Conference Workshop Registration

Half-Day with Conference Registration	<input type="checkbox"/> \$315
Full-Day with Conference Registration	<input type="checkbox"/> \$375
Pre Conference Only	
• Half-Day Active Member	<input type="checkbox"/> \$315
• Half-Day Renew or Join Member	<input type="checkbox"/> \$440
• Full-Day Active Member	<input type="checkbox"/> \$375
• Full-Day Renew or Join Member	<input type="checkbox"/> \$500

**Pre Conference Workshops Subtotal: \$** \_\_\_\_\_

**CONFERENCE TOTAL: \$** \_\_\_\_\_

### Attendee Profile:

- Is this your first InSight Annual Conference?  Yes  No
- What's your role in the purchase of products and services? (check one)  Influencer  Decision Maker  No Involvement
- If you approve purchases, what is the maximum spending level you can approve? (check one)  
 <\$50,000  \$50,001-\$100,000  \$100,001-\$300,000  \$300,001-\$500,000  \$500,000+
- Membership Category:  Individual  Affiliate Business Partner (Consultants should contact insight-net.org to apply for membership.)
- Which category best describes your job function?  C Level – CIO, CFO, CEO, President, VP, etc.  Clinician  
 IT – Programmer, Analyst, System Administration  Manager/Supervisor  Department Director  Other: \_\_\_\_\_
- What is your organization's core HIS System?  McKesson  Cerner  GE  Other: \_\_\_\_\_
- Organization bed count?  0 – 150  151 – 300  301 – 500  More than 500  N/A
- Department?

<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Critical Care	<input type="checkbox"/> Hospice	<input type="checkbox"/> Patient Accounting	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Decision Support	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Surgery
<input type="checkbox"/> Administration	<input type="checkbox"/> Diagnostic Imaging	<input type="checkbox"/> Lab	<input type="checkbox"/> Physical Therapy	
<input type="checkbox"/> Business Office	<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Materials	<input type="checkbox"/> Physician Office	
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Nursing	<input type="checkbox"/> Program Management	
<input type="checkbox"/> Case Management	<input type="checkbox"/> HIM/Coding	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Radiology	
<input type="checkbox"/> Coding	<input type="checkbox"/> Home Care	<input type="checkbox"/> Patient Access/Registration	<input type="checkbox"/> Rehabilitation	

(Continued)

# ATTENDEE REGISTRATION FORM *(Continued)*

9. Are you currently employed by your company's  Parent  Affiliate  Other: \_\_\_\_\_

10. What product line(s) does your hospital/facility/organization use?

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Access Management          | <input type="checkbox"/> Enterprise Visibility    | <input type="checkbox"/> Inpatient Pharmacy     | <input type="checkbox"/> Practice Claims Management  | <input type="checkbox"/> ERP/Supply Chain               |
| <input type="checkbox"/> Anesthesia                 | <input type="checkbox"/> Homecare and Hospice     | <input type="checkbox"/> Outpatient Pharmacy    | <input type="checkbox"/> Practice Revenue Management | <input type="checkbox"/> Surgical Services              |
| <input type="checkbox"/> Ambulatory                 | <input type="checkbox"/> IT Outsourcing           | <input type="checkbox"/> Medical Imaging        | <input type="checkbox"/> Practice Revenue Management | <input type="checkbox"/> Technology and Services        |
| <input type="checkbox"/> Cardiology                 | <input type="checkbox"/> Inpatient Physician      | <input type="checkbox"/> Nursing                | <input type="checkbox"/> RelayHealth                 | <input type="checkbox"/> Workforce Management Solutions |
| <input type="checkbox"/> Consumer                   | <input type="checkbox"/> HealthQuest              | <input type="checkbox"/> Paragon                | <input type="checkbox"/> Revenue Cycle Solutions     |   |
| <input type="checkbox"/> Document Imaging Solutions | <input type="checkbox"/> Laboratory               | <input type="checkbox"/> Performance Management | <input type="checkbox"/> Series                      |   |
| <input type="checkbox"/> Emergency Department       | <input type="checkbox"/> Infrastructure Solutions | <input type="checkbox"/> Pharmacy Automation    | <input type="checkbox"/> STAR                        |   |

11. Are you interested in participating in a McKesson Focus Group?  Yes  No

12. Will you be attending the physician track?  Yes  No



It is important that you enjoy the InSight Annual Conference. If, due to a disability, you have any special needs or requirements, please detail them below.

InSight will do its best to accommodate you: \_\_\_\_\_

## **PAYMENT INFORMATION: FULL PAYMENT MUST ACCOMPANY REGISTRATION**

Check (U.S. dollars, drawn from a U.S. bank, payable to InSight) Checks must be postmarked no later than August 20, 2010. After August 20, attendees will be required to bring their check to the conference to complete their registration.

Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Cancellation Policy:** Cancellations must be received in writing by August 17, 2010. Group registrations are non-refundable. A processing fee of \$100 will be assessed for all individual cancellations received by August 17, 2010. No refunds will apply to cancellations received after August 17, 2010.

Register online at [www.insight-net.org](http://www.insight-net.org), fax to 905.479.9297 or mail to InSight, 5594 Paysphere Circle, Chicago, IL 60674.

Advance registration (mailed or faxed forms) ends August 20, 2010. Forms received after August 20 will not be processed and attendees will be required to register online or onsite.