

**Lee Ann Brady, LLC**  
Mail/Fax Workshop Registration Form

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**They All Say Yes!**  
**A Team Approach to Patient Care**

June 7-9, 2012

The Scottsdale Resort and Conference Center  
7700 East McCormick Parkway Scottsdale, AZ 85258 (480) 991-9000 www.thescottsdaleresort.com

*Save \$100 When You Register by Jan 31st, 2012*

	Number of Attendees			Amount
Early Registration Deposit	_____	X	\$300/person	_____
Early Registration – Full Payment	_____	X	\$995/person	_____
<b>Total Amount Due</b>				_____

Enclosed is my check for \$ \_\_\_\_\_

Please bill my VISA/MASTERCARD/DISCOVER Card for \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

CC# \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV# \_\_\_\_\_ (3 digit code)

Office name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Balance of \$695/person due by April 30, 2012**

Refund policy: 100% refund available until 90 days before course; 50% refund until 60 days before course.

**Please list the attendees and their office roles on the following page:**

# Attendee Names and Job Roles

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

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Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

**Please mail these forms with payment to:**

Lee Ann Brady, LLC  
18301 N 79<sup>th</sup> Ave, F164  
Glendale, AZ 85308

**Credit card registration may be faxed to: 480-513-8125**