

Attendee Registration Form

* required information

Please select the day(s) that you will attend below.

Registration Type *

- Wednesday (Full Day)
- Wednesday (Half Day)
- Thursday and Friday
- Thursday Only
- Friday Only

Membership Status *

Student - School Name

AHIMA ID (Required for Member Rate)

First Name *

Last Name *

Credentials

Job Title

Job Type *

Other Job Type

Organization

Address *

City *

State *

Zip *

Email *

Phone *



Credit Card Payment Form

***Complete all fields below.**

First Name _____

Last Name _____

Address _____

Address (Line 2) _____

City _____

State _____

Zip _____

Phone _____

Email _____

Payment Amount \$ _____

Described Item Purchased _____

Credit Card Type (AMEX, Visa, or Mastercard) _____

Credit Card Number _____

Credit Card Expiration Date _____

Card CVV2 Number: (3-4 digit card number) _____

Customer Signature _____

Date _____

These items will appear as charges from KnowledgeConnex on your credit card statement.
KnowledgeConnex does not offer refunds, exchanges, or returns.