



REGISTRATION FORM

2008 IHS Indian Health Information Management Conference (IHIMC)

“Managing Health Information Technology to Improve Performance & Outcomes”

**December 15 – 19, 2008
Phoenix, Arizona**

PLEASE PRINT:

Name: _____ Job Title: _____

Work Facility: _____ Work Telephone: _____

Work Address: _____ Work Fax No: _____

City/State/Zip: _____ E-mail Address: _____

Employment Category: (Circle One) 1. Civil Service 2. Commissioned Corps 3. Direct IHS
4. Contracting Tribe 5. Compacting Tribe 6. Urban Program
7. Other: _____

Professional Category: (Circle One) 1. IT Specialist 2. IT Management 3. Clinical IT Management
4. Clinical IT Specialist 5. Physician 6. Nurse 7. Other: _____

Please return completed registration form to the IHS Clinical Support Center | 40 N. Central Ave. #780 Phoenix, AZ 85004 | Fax: (602) 364-7788 by the **pre-registration deadline of November 28, 2008**. Online registration available at <http://www.ihs.gov/cio/ihimc/>.

Hotel Information: Hyatt Regency Phoenix | 122 North 2nd Street | Phoenix, AZ 85004
(602) 252-1234 | <http://www.phoenix.hyatt.com>

For more information about this event; contact April Tinhorn, IT Specialist, IHS Clinical Support Center, April.Tinhorn@ihs.gov or call (602) 364-7752.



IHS CLINICAL SUPPORT CENTER | 40 North Central Avenue, Suite 780 | Phoenix, AZ 85004
(602) 364-7777 or FAX (602) 364-7788
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