

RIHIMA

RIHIMA Affiliate

Rhode Island Health Information Management Association

REGISTRATION FORM

RIHIMA ANNUAL MEETING

May 6th, 2016 (8:00- 5:00)
Radisson Airport Hotel, 2081 Post Road, Warwick, Rhode Island

Name: _____ RHIA/RHIT/CCS/CCS-P/CCA/CHP/STUDENT: _____

Title: _____ Organization: _____

Street
address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Are you a member of RIHIMA? _____ If not, you like membership information? _____

Fees: Please Circle one:

RIHIMA Member \$140.00

Non-Member \$160.00

Contact Candie for Student Pricing at rihima@verizon.net

Registration Deadline: April 27th 2016

Please make check payable to **RIHIMA** and mail with registration form to:

RIHIMA
c/o Candace Collins
151 Franklin Road
Foster, RI 02825

***Registration Policy:**

RIHIMA volunteers spend many hours planning and preparing for this meeting.

Unfortunately, due to no-shows at previous meetings RIHIMA cannot allow registrations or payment to be accepted at the door without prior approval of a RIHIMA representative.

No-shows and late cancellations (after April 27th) are liable for entire registration fee.