

Dinner Event Registration Form

Tuesday, December 13th, 2016

The Mission Inn Hotel and Spa • 3649 Mission Inn Ave • Riverside, CA 92501

This complimentary dinner discussion is by invitation only. Seating is limited.
To register to attend, please fax this form to 888.512.8436.

Registration Form

- Yes, I plan to attend; please see the information below
 Unfortunately, I cannot attend; but I am interested in learning more about athenahealth

Number of attendees _____

Full name _____

Title _____

Practice name _____

Phone number _____

Email address _____

Specialty _____

Number of physicians in your practice _____

Additional attendees:

| Full name | Title | Email address | Phone number |
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|-----------|-------|---------------|--------------|
| Full name | Title | Email address | Phone number |
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| Full name | Title | Email address | Phone number |
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This event is not available to current athenahealth clients.

*This event is complimentary for physicians, office managers, practice administrators and practice owners and by invitation only — not for billing coders. Seating is limited to four attendees per practice.

(Fax opt-out policy: You may ask athenahealth not to send any future faxes. Our failure to comply with your request within 30 days is unlawful. To opt out of receiving faxes, you may call us at 866-228-0162, fax us at 866-826-7626, or email us at faxoptout@athenahealth.com. Please include your name, company, and the fax number in question.)