



## SwitchPoint Registration Form

Prefix: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Province (Foreign) \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Day Phone: \_\_\_\_\_

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

- Yes, I'd like to receive IntraHealth's monthly e-newsletter and occasional email updates about special campaigns, events, and new ways to get involved.

### Event Admission: *Check your ticket selection*

- |  |   |
|--|---|
| <input type="checkbox"/> Two Day Ticket - \$250.00       | <input type="checkbox"/> Two Day Student Ticket - \$120.00      |
| <input type="checkbox"/> Thursday Only Ticket - \$150.00 | <input type="checkbox"/> Thursday Only Student Ticket - \$60.00 |
| <input type="checkbox"/> Friday Only Ticket - \$150.00   | <input type="checkbox"/> Friday Only Student Ticket - \$60.00   |

*Please keep a copy of this registration form for your records and return a copy with a check made payable to IntraHealth International:*

**IntraHealth International**  
**6430 Quadrangle Drive, Suite 200**  
**Chapel Hill, NC 27517**