



hfma educational foundation
healthcare financial management association

DEADLINE: May 17, 2010

2010 HFMA ANI Attendee Mailing List Order Form

As an exhibitor of HFMA's 2010 ANI: The Healthcare Finance Conference, you have the opportunity to purchase either the pre-registrant mailing list for \$300 or both the pre-registrant and post-registrant mailing lists for \$500. *(The post-registrant mailing list cannot be purchased separately. Any orders for only the post-registrant mailing list will not be accepted.)* **Payment must accompany this form to ensure receipt. Lists will not be released until payment is complete.**

The list of names and addresses is, and remains, the sole and exclusive property of HFMA, and may not be used for any purpose, or incorporated into any other list or database, without HFMA's express written consent. Lists contain decoy names to detect unauthorized or illegal use. You are granted a **ONE-TIME** only use of this list for the purpose of mailing a single packet of advertising or other information and materials to promote your own products or services in conjunction with HFMA. Companies that violate the one-time use only policy are subject to a fine ten times the cost of the mailing list rental and will be contacted by HFMA's attorney. This permission is non-exclusive and non-transferable. **Email addresses, phone numbers and fax numbers will not be provided.**

The pre-registrant mailing list will be emailed only to the contact person listed below on May 24, 2010. If both sets of lists were ordered, the post-registrant mailing list will automatically be emailed to the contact person approximately 4 weeks after the close of the show.

Please check the appropriate box:

Pre-registrant mailing list only = \$300.00	<input type="checkbox"/>
Pre and post-registrant mailing lists = \$500.00	<input type="checkbox"/>

(Please print clearly. Missing information will delay processing.)

Exhibiting Company Name: _____ Booth #: _____

Contact Person: _____

Phone: _____ Fax: _____

Email Address: _____

Signature: _____

____ Check made payable to HFMA Educational Foundation (enclosed)

____ Credit Card Payment ___ Visa ___ Master Card ___ Am Ex ___ Discover

Card Number _____ Expiration Date _____

Name on Card _____

Signature _____

Mail or fax this form to:

HFMA Educational Foundation
Attn: ANI Attendee Mailing List
Two Westbrook Corporate Center #700
Westchester, IL 60154
Fax: 708-492-4309