

Urgent Care Association of America
Poolside Cook-out Registration Form
National Convention - Orlando, Florida
Thursday, May 27th, 2010

Yes! I will attend the gourmet cook-out dinner at UCAOA's convention.

Number of Tickets _____ x \$20 = \$ _____ total

Please complete this form and return to UCAOA by May 5th, 2010:

Full Name _____

Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

E-mail _____

Visa Mastercard American Express

Credit Card Number _____

Expiration Date ____ / ____

Signature: _____

Mail to:
UCAOA
4320 Winfield Road
Suite 200
Warrenville, IL 60555



Fax to:
(630) 836-8518

*Cook-out payments are non-refundable.
One ticket purchase is required per person.
Menu available at ucaoa.org/convention*