

## 2008 FALL CONFERENCE REGISTRATION

*Registration can only be processed with accompanying payment.*

Name: \_\_\_\_\_  NP  MD  DO  
 PA  RN  CPC Job Title: \_\_\_\_\_

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

\_\_\_\_\_ Is your clinic hospital-based \_\_\_\_\_ or independent \_\_\_\_\_?

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Are you already a member of UCAOA?  Individual  Corporate  Not currently a member *(see pg 2 to join)*  
 (Corporate name if different from above) \_\_\_\_\_

Are you registering as part of a group? (4 or more people = 20% discount on conference tuition)  Yes  No

Main contact person for group and Email: \_\_\_\_\_

**Essential Topics in Urgent Care Medicine**

**Early Tuition by Aug. 1st**  
 Member / Non-member  
 \$650 / \$700

**Regular Tuition Aug. 2 - Aug. 29**  
 Member / Non-member  
 \$750 / \$800

**Late Tuition Aug. 30 - Sept. 23**  
 Member / Non-member  
 \$850 / \$900

**Comprehensive Clinic Start-Up**

(Includes tour of local Urgent Care on Friday night.)

**Early Tuition by Aug. 1st**  
 Member / Non-member  
 \$800 / \$850

**Regular Tuition Aug. 2 - Aug. 29**  
 Member / Non-member  
 \$900 / \$950

**Late Tuition Aug. 30 - Sept. 23**  
 Member / Non-member  
 \$995 / \$1045

**Urgent Care Coding Basics**

**Early Tuition by Aug. 1st**  
 Member / Non-member  
 \$650 / \$700

**Regular Tuition Aug. 2 - Aug. 29**  
 Member / Non-member  
 \$750 / \$800

**Late Tuition Aug. 30 - Sept. 23**  
 Member / Non-member  
 \$850 / \$900

**Advanced Urgent Care Coding**

**Early Tuition by Aug. 1st**  
 Member / Non-member  
 \$650 / \$700

**Regular Tuition Aug. 2 - Aug. 29**  
 Member / Non-member  
 \$750 / \$800

**Late Tuition Aug. 30 - Sept. 23**  
 Member / Non-member  
 \$850 / \$900

**Strategic Marketing for Urgent Care Centers**

**Early Tuition by Aug. 1st**  
 Member / Non-member  
 \$650 / \$700

**Regular Tuition Aug. 2 - Aug. 29**  
 Member / Non-member  
 \$750 / \$800

**Late Tuition Aug. 30 - Sept. 23**  
 Member / Non-member  
 \$850 / \$900

Registration Includes course materials, access to exhibit hall, breakfasts, light lunches, opening and closing receptions.  
**Cancellation Policy:** Cancellations after September 1, 2008, are subject to penalty. See [www.ucaoa.org](http://www.ucaoa.org) for details.

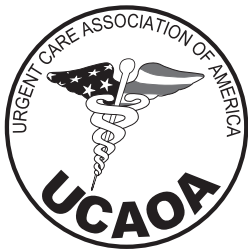
**Payment:** *(Sorry, no American Express)*

VISA  MASTERCARD  CHECK ENCLOSED *(Check No. \_\_\_\_\_)*

Card No. \_\_\_\_\_

Expiration Date: month \_\_\_\_\_ year \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

**Mail or Fax To:**  
**Urgent Care Association of America**  
 4320 Winfield Road, Suite 200  
 Warrenville, IL 60555



# MEMBERSHIP APPLICATION

Complete Only One Section Below

## Individual Membership

Individual Full Name \_\_\_\_\_  MD  
 Job Title \_\_\_\_\_  DO  
 Organization Name \_\_\_\_\_  PA  
 Address \_\_\_\_\_  NP  
 \_\_\_\_\_  RN  
 \_\_\_\_\_  \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_

(required to access members-only)

Individual Membership Dues - \$175  
 (skip to Payment section below)

## Clinic Membership

Organization Name \_\_\_\_\_  
 Main Organization Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Main Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Organization Website \_\_\_\_\_  
 Number of Locations  1-2 Clinics (\$325)  
 (Please list on back of  3-4 Clinics (\$475)  
 this application sheet)  More than 5 Clinics (\$650)

Please complete the appropriate section below to name individuals who will receive this membership's benefits.

## Clinic Membership Benefits Recipients

If you have chosen a Clinic Membership above, please provide names of individuals who will receive benefits through the membership. *All mailings will go to main organization address.*

- 1-2 Clinics (up to 5 people)     3-4 Clinics (up to 7 people)     5+ Clinics (up to 10 people)

1. Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name \_\_\_\_\_ Email: \_\_\_\_\_
3. Name \_\_\_\_\_ Email: \_\_\_\_\_
4. Name \_\_\_\_\_ Email: \_\_\_\_\_
5. Name \_\_\_\_\_ Email: \_\_\_\_\_
6. Name \_\_\_\_\_ Email: \_\_\_\_\_
7. Name \_\_\_\_\_ Email: \_\_\_\_\_
8. Name \_\_\_\_\_ Email: \_\_\_\_\_
9. Name \_\_\_\_\_ Email: \_\_\_\_\_
10. Name \_\_\_\_\_ Email: \_\_\_\_\_

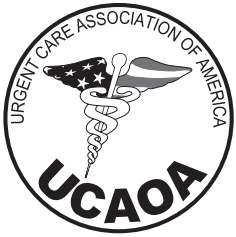
Check here if you would like to provide alternate addresses for some individuals. Note clinic number from back by individual name.

## Payment

Credit Card (Visa or Mastercard only)     Check enclosed  
 CC# \_\_\_\_\_ Exp. \_\_\_\_\_  
 Name on card \_\_\_\_\_

Dues-paying members are eligible for print copies of the *Journal of Urgent Care Medicine (JUCM)*. A portion of your annual dues (\$15) is allocated for a one year subscription to *JUCM* not deductible from UCAOA membership dues. All members also receive free online access to *JUCM* archive copies.

Fax to 630-836-8518 or Mail to **UCAOA** Attn: Membership, 4320 Winfield Road, Suite 200, Warrenville, IL 60555  
 (Please call 877-698-2262 to confirm fax receipt.)



# CLINIC LOCATIONS

Provide "Clinic Name" only if different than "Main Organization" name.  
If more than 10 Clinics, attach additional sheets as needed.

**#1**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#6**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#2**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#7**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#3**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#8**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#4**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#9**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#5**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#10**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please provide information for all available Clinics in order to be listed on  
"Find an Urgent Care Center" listing on [www.UCAOA.org](http://www.UCAOA.org).