

Health Policy Summit

Registration Form

Name (please print clearly)

Title

Organization

Address

City

State

ZIP

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Contact Name (if different from above)

Phone

Fax

E-mail Address

One Summit Registration

The fee includes continental breakfast, lunch, refreshment breaks, and all summit materials and programs.

Space is limited.

Standard: \$950

Nonprofit/Academic: \$500

Government: \$250

To inquire about partial and full scholarships for the Health Policy Summit, please contact Kathryn Lyon at (202) 719-8061 or via e-mail at klyon@oai-usa.com.

Gala Ticket

Contribution includes cocktail reception, dinner, and evening program honoring John K. Iglehart, *Health Affairs'* Founding Editor. A portion of the gala ticket is tax deductible.

\$1,000

I am unable to attend the Silver Anniversary events but would like to support Project HOPE's *Health Affairs* journal. Enclosed is my contribution of \$_____.

Please see reverse side for instructions and payment information.

Payment Form

Summit: \$ _____

Gala: \$ _____

Total: \$ _____

My payment in the amount of \$ _____

is enclosed

Please make all checks payable to *Health Affairs*.

Please send an invoice of \$ _____ to the address on the reverse side.

Please charge \$ _____ to my (check one):

Visa MasterCard AMEX Discover

Name on Credit Card

Credit Card No.

Exp. Date

Signature

Today's Date

Your statement will show a charge from Project HOPE, publisher of *Health Affairs* journal.

Please mail this form and payment to:

Health Affairs, c/o Orr Associates, Inc.
2801 M Street, N.W., Washington, D.C. 20007

For more information about these events, contact Kathryn Lyon at (202) 719-8061 or klyon@oai-usa.com.

To learn more about *Health Affairs*, please visit <http://www.healthaffairs.org>

Project HOPE is a tax-exempt, charitable organization that is eligible to receive tax deductible donations under the IRS Code 501(c)(3). Project HOPE's Federal Tax ID # is 53-0242962. To learn more about Project HOPE, please visit <http://www.projecthope.org>