



2005 QPRC
 Carlson School of Management
 University of Minnesota
 Minneapolis, Minnesota
 May 17-20, 2005

Last Name	First Name	M.I.
Company/Institution		Title/Position
Email		
Social Security Number (Last four digits only) XXX-XX-_____		
Work Address		
City	State	Postal Code/ZIP
Daytime Telephone	FAX	

I do not want my name on the registrant list for this conference for distribution to conference participants

REGISTRATION & FEE OPTIONS:

	Early Registration (By 5/8/2005)	Regular Registration (After 5/8/2005)	FEE
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<input type="checkbox"/> 2005 QPRC - Standard Registration May 18-20	\$225	\$250	\$ _____
<input type="checkbox"/> 2005 QPRC - Reduced Registration for HIMSS Attendees. (I will register separately for the May 17 HIMSS at www.himss-mn.org) May 18-20	\$185	\$210	\$ _____
<input type="checkbox"/> Pre-conference Tutorial May 17.....	\$185	\$185	\$ _____

STUDENT FEES:

<input type="checkbox"/> 2005 QPRC Student Registration May 18-20	\$75	\$80	\$ _____
<input type="checkbox"/> Pre-conference Tutorial Student Registration May 17.....	\$50	\$50	\$ _____

OPTIONAL:

<input type="checkbox"/> Pre-QPRC Mixer (cash bar & snacks) Tuesday evening - May 17	no charge	no charge	\$ _____
<input type="checkbox"/> Conference Banquet Wednesday evening - May 18	no charge	no charge	\$ _____
<input type="checkbox"/> Riverboat Dinner Cruise on Mississippi River Thursday Evening - May 19	no charge	no charge	\$ _____
<input type="checkbox"/> Extra Guest(s) on Riverboat Dinner Cruise - May 19: # of persons _____ X \$45		\$45	\$ _____

Total Fee Enclosed \$ _____

CANCELLATION POLICY: Cancellations received up to five working days before the workshop are refundable, minus a \$40 service fee. After that, cancellations are subject to _____
 Substitutions may be made at any time.

METHOD OF PAYMENT:

- Enclosed is a check or money order payable to the University of Minnesota in U.S. funds that are drawn on a U.S. bank
- Please bill my organization (purchase order or letter of authorization attached)
- Please charge my U of MN CUFS#: _____
- Please charge my ___ Visa ___ MasterCard ___ Discover/Novus ___ American Express;

Card Number	Expiration Date	Amount to Charge: \$
Print Name as it appears on card	Signature of Cardholder	

HOW TO REGISTER: **Mail Registration to:** CCE Information Center, 20 Coffey Hall, 1420 Eckles Avenue, St Paul, MN 55108
Or Fax Registration to: 612-624-5359
Or Register Online at: http://webpages.csom.umn.edu/oms/QandP_Conference/

The information on this form is private data, used to identify and locate you, obtain payment, and enable instructors to better know their audience. Name address, and method of payment are mandatory. If you desire CEU certification and do not supply a social security number, an alternative identifier will be used.