

REGISTRATION FORM

BASIC TRAINING, DEC 13-15, 2011

PLEASE TYPE OR PRINT CLEARLY

REGISTRANT INFORMATION

Name:		Title:
Facility:		
Address:		
City:	State:	Zip:
Phone:		
Email:		

PLEASE CHOOSE A BREAKOUT SESSION

a. Acute Care b. Non-acute Care c. Ambulatory Surgery Center

REGISTRATION FEES

Early Registration Payment received by December 5, 2011.....\$60.00

Late Registration Payment received after December 5, 2011.....\$75.00

PAYMENT INFORMATION

Check Invoice Mastercard Visa American Express

Card No.	
Name on Card	
Billing Address	Zip Code
Signature	
Expiration Date	Security Code

Regardless of payment option selected,
FAX a completed form to **(803) 772-7477**

Checks should be made payable to **SCHA** and returned with a copy of the registration form to: SCHA, 1000 Center Point Rd., Columbia, SC 29210

Upon registration, a confirmation letter with details will be mailed to you.

PLEASE NOTE:

Any registrant who cannot attend may send a substitute from the same organization by resubmitting an updated registration form to SCHA with the name of the substitute. Notify SCHA of the substitution via fax to (803) 772-7477. The registration fee (less \$25 processing fee) is refundable if SCHA is notified of cancellation no later than December 5, 2011. No refunds issued past this date. No refunds issued for no-shows.

QUESTIONS?

Call (803) 744-3511 or e-mail:
mstargel@scha.org

SCHA, Education Services

1000 Center Point Rd.
Columbia, SC 29210

Attn: Infection Prevention

**INFECTION
PREVENTION
TRAINING
CONFERENCE**



Present:

BASIC TRAINING

for

Surveillance,
Prevention,
and Control
of Healthcare-
Associated
Infections

December 13-15, 2011

William L. Yates Conference Center
South Carolina Hospital Association
Columbia, SC