

# AHRQ QUALITY INDICATOR TRAINING FROM A TO Z

## SECTION ONE: PERSONAL INFORMATION

Name: \_\_\_\_\_ Degrees: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Check** the one that best describes you:  Federal  State  Private  Academic  Non profit  Other

## SECTION TWO: REGISTRATION

- I am attending the NAHDO 19th Annual Meeting: **no charge**
- I am only attending this workshop: **\$50**

## SECTION THREE: PAYMENT METHOD (NAHDO'S EIN: 52-1563768):

**Credit Card** (CIRCLE ONE: Visa, AmEx, MC) # \_\_\_\_\_ exp date \_\_\_\_\_

CVV2 Code: \_\_\_\_ \_\_\_\_ \_\_\_\_ (last 3 digits of number located on back of card)

Name on the card \_\_\_\_\_ Signature \_\_\_\_\_

**Check** (Make checks payable to the National Association of Health Data Organizations, NAHDO)

**PO** - Government Purchase Order # \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Send your completed registration form by FAX: 801.587.9125, or by MAIL:  
NAHDO, 375 Chipeta Way, Ste A, Salt Lake City, UT 84108  
Any Questions? Call NAHDO — 801.587.9104 or e-mail: nahdoinfo@nahdo.org**