

**The Conference of Healthcare Transparency and Patient Advocacy  
November 19, 2010 Registration Fee \$50 - Check Payment Form**

Make Check Payable to "Health Watch USA"

Mail to: Kevin T Kavanagh, MD  
Health Watch USA  
3396 Woodhaven Dr.  
Somerset, KY 42503

Visa and Master Card are accepted

Registration Fees are Non-Refundable but are Transferable

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_

Employer \_\_\_\_\_

Position Held at Company \_\_\_\_\_

Contact Day Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Type of Continuing Education Credits – For Six or More Hours:

\_\_\_ Physician

\_\_\_ Nursing (RN)

\_\_\_ Attorney

\_\_\_ Speech Therapy and Audiology

\_\_\_ Social Work (Approval Pending)

\_\_\_ SHRM (Human Resource Managers)

\_\_\_ Occupational Therapy (Approval Pending)

\_\_\_ Physical Therapy

\_\_\_ Nursing Home Administrator

E-Mail \_\_\_\_\_

Do you wish to subscribe to Health Watch USA's Newsletter? Yes \_\_\_

Signature \_\_\_\_\_