

**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

___ Attorney

___ Social Work (Approval Pending)

___ SHRM (Human Resource Managers)

___ Occupational Therapy

___ Physical Therapy

___ Nursing Home Administrator

___ Pharmacy (Approval Pending)

E-Mail _____

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

Signature _____