

**Twelfth Annual Conference on
Patient Advocacy & Healthcare Worker Safety
Patient Safety Conference – Check Payment Form**

**October 4, 2018
Registration Fee \$25**

Make Check Payable to: "Health Watch USA"

Mail to: Cathy Kavanagh
Health Watch USA
P.O Box 1403.
Somerset, KY 42502

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 _____

Check conference website www.healthconference.org for
availability of continuing medical and nursing education.

E-Mail _____

Do you wish to subscribe to Health Watch USA's YES _____

Signature _____