

Annual THIMA Education and Business Meeting

Friday, November 6, 2009

Full-day Meeting (7:15 am to 2:45 pm); 5 CEUs Awarded

Registration and Payment Deadline: Wednesday, October 21, 2009

FEES: Members: \$75.00 Non-members: \$95.00 Students: \$40.00

Meeting Location: **Point Plaza Suites and Conference Hotel**
950 J. Clyde Morris Blvd.
Newport News, VA 23601
757-599-4460

Directions:

From Williamsburg/Richmond:

Take I-64 East. Take Exit 258B onto J. Clyde Morris Blvd (Rt 17 South). Hotel is located ½ mile on the right.

From Hampton/Norfolk:

Take I-64 West. Take Exit 258B onto J. Clyde Morris Blvd (Rt 17 South). Hotel is located ½ mile on the right.

Reservation for this meeting can be made by mailing your Registration Form along with your payment to:

Karen Stokes, RHIT, CCS
181 Coventry Lane
Newport News, VA 23602

IMPORTANT NOTES:

1. Payment **must** be included and received with your Registration Form on or before the deadline date of October 21, 2009. **Please make checks payable to THIMA.**
2. ***Please contact Karen Stokes at kxstokes@sentara.com for prior approval in special circumstances where the payment is being made by your employer or other third party and cannot accompany your registration form. In such cases payment will be required to be made no later than the date of the meeting.***
3. No phone registrations will be accepted.
4. Food and program materials will be based on the number of registered participants as of October 21, 2009.
5. There will be no refunds for cancellation after October 21, however, substitutions are accepted and encouraged.
6. Walk-in registrations may not be accommodated due to seating and food restrictions.
7. Questions about the educational portion of the meeting can be directed to Ann Sparkman at asparkman@smhdc.org.

You will receive an email notification upon Karen's receipt of your registration and payment. To insure that your registration has been received, please email Karen if you DO NOT receive an email within one week of mailing your meeting registration.

Registration Form

Name: _____ Date: _____
Please Circle: RHIA RHIT CCS CCS-P CCA CPC CPC-H
Facility: _____
Contact Phone Number: _____
Member _____(\$75.00) Non-member _____(\$95.00) Student _____(\$40.00)
Check number of enclosed payment: _____