

REGISTRATION FORM

OHIO HEALTH INFORMATION MANAGEMENT ASSOCIATION
Annual Meeting | March 16 – 18, 2020 | Hilton Easton, Columbus, Ohio

OHIMA
Ohio Health Information
Management Association

USE THIS FORM IF PAYING BY CHECK. TO MAKE A PAYMENT WITH YOUR CREDIT CARD, REGISTER ONLINE AT WWW.OHIMA.ORG

Please print and complete as you want your badge to appear. Register one person per form.
Email address is required to process your registration and grant access to speaker handouts.

Name: _____ If OHIMA Active Member, AHIMA ID#: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Job Title: _____

- Do not include my e-mail address in attendee lists provided to the attendees and exhibitors.
- Yes, I am or have been a PPE Site Preceptor in the last 12 months.
- Yes, I have obtained a new AHIMA credential within the past 12 months. Please indicate: _____
- Check here if you have a disability that requires special arrangements. Please contact us (ohima@ohima.org) to discuss your needs.

Make check payable to: OHIMA (Tax ID # 31-0918571)

Send this form with payment to: OHIMA Annual Meeting, PO Box 30966, Gahanna, Ohio 43230

Deadline: To qualify for the Early Bird Discount, registration and payment must be postmarked by FEBRUARY 25, 2020.

DAY	MEMBER*		NON-MEMBER*		NEW TO AHIMA**		STUDENT/ EMERITUS**		AMOUNT
	by 2/25	after 2/25	by 2/25	after 2/25	by 2/25	after 2/25	by 2/25	after 2/25	
Monday, March 16 Boxed Lunch Order: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$125	\$140	\$150	\$170	\$75	\$90	\$40	\$50	
Tuesday, March 17 Boxed Lunch Order: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$125	\$140	\$150	\$170	\$75	\$90	\$40	\$50	
Wednesday, March 18 Boxed Lunch Order: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$125	\$140	\$150	\$170	\$75	\$90	\$40	\$50	
MEMBER FULL REGISTRATION BONUS! Active OHIMA members can deduct \$60 from the total if registering for all 3 days! Full conference registration rates: EARLY BIRD = \$315; LATE = \$360									
GRAND TOTAL									

* 2020 Active AHIMA/OHIMA Member

** To qualify for the New to AHIMA or Student/Emeritus rate: Must be an active New to AHIMA, Student or Emeritus member of AHIMA, with Ohio as your chosen state association.

Refer to the Program Agenda grid on page 1 and circle below the sessions you plan to attend so that room size can be determined.
Take note of the sessions you choose!

MONDAY, MARCH 16

Concurrent Sessions
Choose only one session from each time slot.

1:00 pm

1A	2A	3A	4A	5A
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2:45 pm

1B	2B	3B	4B	5B
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TUESDAY, MARCH 17

Concurrent Sessions
Choose only one session from each time slot.

12:45 pm

1A	2A	3A	4A	5A
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2:30 pm

1B	2B	3B	4B	5B
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WEDNESDAY, MARCH 18

Choose one full day session:
Please circle one below

LEADERSHIP

CODING

Coding Only:
Choose only one session from each time slot.

12:45 pm

1A	2A	3A	4A
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2:15 pm

1B	2B	3B	4B
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For Office Use Only: Postmarked: _____ Check #: _____ Date Entered: _____