

**Michigan Health Information Management Association  
Detroit Marriott, Troy, Michigan  
May 12-14, 2010**

DATE	EARLY BIRD (Postmarked by 4/23/10)		LATE BIRD (Postmarked after 4/23/10)		Student Educator	Active Senior	AMOUNT
	Active Member*	Non-member	Active Member*	Non-member			
MHIMA/AHDI HIMSS							
Full Registration * (All three days)	300.00	330.00	330.00	360.00	150.00	150.00	
Wednesday May 12, 2010	140.00	155.00	150.00	165.00	50.00	50.00	
Thursday May 13, 2010	140.00	155.00	150.00	165.00	50.00	50.00	
Friday May 14, 2010	140.00	155.00	150.00	165.00	50.00	50.00	
Guest meal tickets <b>Per day</b>	50.00	50.00	50.00	50.00	50.00	50.00	
Guest President's Reception tickets	30.00	30.00	30.00	30.00	30.00	30.00	
<b>TOTAL ENCLOSED</b>							

**Office Use:** Date postmarked: \_\_\_\_\_ Date rec'd: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

**\*Full registrations postmarked by April 23, 2010 will be entered into a special drawing for a free registration to the Year 2011 Annual Meeting at the Soaring Eagle Casino & Resort, Mt. Pleasant, Michigan. This drawing and award presentation will occur during the Vendor drawings.**

**Attire** for the Annual Convention will be Business Casual. *You are invited to wear MHIMA promotional items on Thursday, May 13, 2010. Please be sure to bring a sweater or jacket to wear for a cooler room temperature.*

- All full registrations include lunch, breaks and President's Reception. Individual day registrations include lunch, breaks and that day's activities. Additional guest tickets are available (see above).
- **Hotel registrations** are made directly with the Detroit Marriott - Troy utilizing the enclosed registration form or by registering online. Please mention Group Code: mhimia
- **Cancellations after April 30, 2010 will not be refunded.**

Name \_\_\_\_\_ Circle: RHIA RHIT CCS CCS-P \_\_\_\_\_ Other Please List

Employer/School \_\_\_\_\_ Member ID # \_\_\_\_\_

Affiliate Organization Please Circle: AHIMA AHDI/MAHDI HIMSS

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Special Needs: \_\_\_\_\_

E-mail address \_\_\_\_\_

How did you hear about this meeting *Focus* \_\_\_\_\_ *Direct Mail* \_\_\_\_\_ *Other* \_\_\_\_\_

- Please mark if you do **not** wish to have your name placed on the listing provided to Exhibitors and members.  
**Registration confirmations will be sent as a link to speaker handouts.**

- Please make checks payable to MHIMA, Michigan Health Information Management Association.  
**Send registration/check to:** MHIMA Central Office  
3311 David-Bee  
Muskegon, MI 49444  
(231) 767-9717 (231) 767-2557 fax email: [marsha@mhima.org](mailto:marsha@mhima.org)