

Get the Facts

August 17, 2004

Registration:

Name (s)

Organization/Affiliation

Address

Phone

Fax

Email

Registration is \$30 per person.

- Enclosed is a check for \$ _____ for _____ person (s). Make your check payable to Chicago Rehab Network
- Enclosed is a money order. Make payable to Chicago Rehab Network
- Credit Card Payment
 - VISA MASTERCARD AMERICAN EXPRESS
 - Name on Credit Card: _____
 - Account Number: _____
 - Expiration Date: _____

Mail form with check, or fax form to:

Chicago Rehab Network
53 W. Jackson, Suite 739
Chicago, IL 60604
Phone 312.663.3936
Fax 312.663.3562