



Chesapeake Area Society of Healthcare Engineering

28th Annual
C.A.S.H.E. Seminar / Exhibition
HEALTHCARE REGISTRATION

Memorandum

To: C.A.S.H.E. Healthcare Members
From: Bill Swaggerty, CASHE Education Chairman
Date: March 10, 2010
Re: 2010 Annual Education Seminar & Exhibition
Nemacolin Woodlands Conference Center

Attached please find the Registration Form for this year's seminar. In an effort to eliminate some confusion and answer many frequently asked questions in advance, I have listed below exactly what is included with your registration fee. Payments must be in the form of a check, made payable to C.A.S.H.E. We are unable to process payments from credit cards.

Conference Details:

\$800 Healthcare Member Registration Fee includes:

1 Room (including taxes) for one person for three nights, Tuesday, Wednesday and Thursday
Breakfast - Wednesday & Thursday at the Exhibit Hall, Friday at the Morning Education Session
Lunch - Wednesday & Thursday
Dinner - Tuesday and Wednesday in the exhibit area, Thursday in the banquet areas

Free attendance to all education sessions

Free attendance to the exhibition displays

All other expenses including other room expenses (i.e. phone, fax, internet, in-room movies, room service, lounge, baggage portage) are the sole responsibility of the attendee.

Special for first time attendees:

Any C.A.S.H.E. member who has not attended the Seminar in the last three years will receive a discounted Registration fee of \$400 for all of the items listed above.

Visit our website: www.cashe-md.org for additional agenda information beginning March 10, 2010.



Chesapeake Area Society of Healthcare Engineering

28th Annual C.A.S.H.E. Seminar / Exhibition
August 24th – 27th

Healthcare Reservation Form

Please print or type; your name badge will be printed exactly as show below.

Healthcare Attendee Information

Name: _____

Title: _____

Facility Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Cell:** _____

E-mail: _____

Registration:

(Please select only one)		TOTAL
C.A.S.H.E. Healthcare Members	\$800	
NON – C.A.S.H.E. Healthcare Members	\$900	
1 st Time Attendees Fee (Any C.A.S.H.E. member who has not attended the Seminar in the last three years)	\$400	
TOTAL:		



Additional Reservation Requirements:

Note: Basic Registration Fee includes 1 Room (including taxes) for one person for three nights, Tuesday, Wednesday and Thursday. Please select any additional rooms or nights below

(Please select all that apply)	Per Night	# of Rooms	#of Nights	TOTAL
Additional Rooms (non-conference)	\$250			
<input type="checkbox"/> Monday, <input type="checkbox"/> Friday, <input type="checkbox"/> Saturday, <input type="checkbox"/> Sunday				
Additional Rooms (Conference Period)	\$250			
<input type="checkbox"/> Tuesday, <input type="checkbox"/> Wednesday, <input type="checkbox"/> Thursday				
TOTAL:				

Total from Registration Section (Page 1)	
Total from Additional Reservation Requirements Section (Page 2)	
Final Fee:	

Registration Deadline is August 1, 2010

Please make checks (credit cards are *not* acceptable) payable to: **C.A.S.H.E**

Send checks with enclosed form to: Jeff McBride
EBL Engineers, LLC
8005 Harford Road, Parkville, MD 21234

For questions please contact: Bill Swaggerty – 410-379-2400 – billswaggerty@interfinish.net
Jeff McBride – 410-668-8000 – jmcbride@eblengineers.com