

**Registration Form for
N.C. Health Check Seminar
September 2012**

Provider Name and Discipline _____

Medicaid Provider Number _____ NPI Number _____

Mailing Address _____

City, Zip Code _____ County _____

Contact Person _____ E-mail _____

Telephone number _____ Fax Number _____

How many people will be attending?

- One
- Two

Select one:

- September 12, 2012 – Charlotte, NC – Crowne Plaza – 201 South McDowell Street
- September 18, 2012 – Winston-Salem, NC – Marriott-Winston-Salem, 425 North Cherry Street
- September 25, 2012 – Raleigh, NC – Wake Tech Community College, Student Services Building Conference Center, 9191 Fayetteville Road, Rooms 213 & 214
- September 27, 2012 – Fayetteville, NC – Cumberland County DSS, 1225 Ramsey Street

Please fax completed form to 919-851-4014

**Please mail completed form to:
HP Provider Services
P.O. Box 300009
Raleigh, NC 27622**

Or

Register online at http://www.seeuthere.com/hp/healthcheck_0912