




Virtual Seminar Registration Form

To register, remit payment and completed registration form:

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| by phone  | (888) 342-6019 |
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| by fax  | (641) 342-3411 |
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| by mail  | Ubiquity, Inc. P.O. Box 68 Osceola, IA 50213 |
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To avoid duplicate charges, please do not mail this form if you have already faxed it to Ubiquity.

Access information will be sent via email to this person prior to the program:

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|-----------------|---------------------------------------------------------------------------------------------------------------|--|------------|--|
| Your Name | | | Your Title | |
| Organization | | | | |
| Mailing Address | | | | |
| City/State/Zip | | | | |
| Phone | Please provide the telephone number of the phone you will be using for the seminar. | | | |
| Email Address | You will receive confirmation and instructions via email. Please print clearly and double-check for accuracy. | | | |

| Programs | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------|-------|----------|
| Please enter the code number for all programs for which you intend to register. Program codes are listed (in green font) on the web calendar along with the program titles. Deadline for registration is three business days prior to program date. | | | | |
| Code | Date | Program Title | Price | SubTotal |
| | | | \$279 | |
| | | | \$279 | |
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| | | | \$279 | |
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Online Calendar: <http://www.yourohs.com/courses/calendar.htm>

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| TOTAL: | |
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Method of Payment

Registration fee allows access for one phone line to the teleconference (for the audio feed of the program), and an unlimited number of Internet connections (for the program visuals). Please note that the phone call to the teleconference bridge is not toll-free.

check enclosed (payable to *Ubiquity, Inc.*) credit card

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|-------------------------------------------|----|-----------------------|--|-------------------------------------------|--|
| select credit card: | | name of cardholder: | | | |
| <input type="checkbox"/> Discover | | credit card number: | | | |
| <input type="checkbox"/> Mastercard | | exp. date: | | ZIP code of cardholder's billing address: | |
| <input type="checkbox"/> Visa | | | | | |
| <input type="checkbox"/> American Express | | | | | |
| Total Payment: | \$ | cardholder signature: | | | |

Continuing Education Credits

Ubiquity program participants can apply for CCM's and Nursing CEU's for most programs. A CCM-CEU application form will be included in your Confirmation Packet. A \$10.00 processing fee will be required for each CEU application that is submitted to Ubiquity.

No refunds will be issued for non-attendance. Ubiquity, Inc. reserves the right to cancel or reschedule programs. In this event, refunds or alternate programs will be offered. **NOTE:** Cancellations by participants must be received at least 2 business days before the program. A 20 percent processing fee will be charged for all cancellations. No refunds will be issued for cancellations made less than 2 business days before the program is broadcast.