

**PRSA Training Order Form**

Program: Communicating Health Care Reform Product: WBNR1339/REPLAY  
MyPRSA ID: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Member Price: \$0.00     Nonmember Price: \$200.00

Coupon/Promotion Code: \_\_\_\_\_

**Payment Method**

Enclosed check, payable to PRSA

Credit Card:     American Express     Master Card     Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

If paying by check, mail this form with your payment to: PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003

If paying by credit card, fax this form to: (212) 460-5460

**No event registrations will be processed without proper payment.**

**Cancellation Policy**

Cancellations must be in writing and sent by mail to PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003, or faxed to (212) 460-5460. Cancellations are subject to a \$25 cancellation fee. There are no refunds once you receive your registration confirmation.