

Please make sure that you answer all of the questions with a * since they are required questions. **If not, then you will not be able to continue with submitting your registration.**

First Name *

Last Name *

Credentials

Job Type *

Job Title

Employer

Address *

City *

State *

Zip Code *

Phone *

Email *

Registration Type *

- Pre-Conference Workshop - Med Term and A&P Refresher Course (9-12)
- Pre-Conference Workshop - Coding Patient Records in ICD 9 Versus ICD 10 (9-12)
- Pre-Conference Workshop - RHIT Exam Prep Class (9-5)
- Pre-Conference Workshop - CCS Exam Prep Class (9-5)
- Annual Meeting Full Registration (Wednesday afternoon - Friday)
- Wednesday Afternoon Only

- Thursday Only
- Friday Only
- Wednesday Afternoon and Thursday
- Thursday and Friday

Member Status *

-Select-

AHIMA ID (Required for Member Rate)

How long have you been a GHIMA member?

-Select-

Students - Name of School (Required for Student Rate)

Ribbon Selection

- First Time Attendee
- GHIMA Past President
- AHIMA Delegate
- Regional President
- GHIMA Board Member
- GHIMA Committee Chairperson
- GHIMA Committee Member
- Speaker
- Mentor
- Mentee

Meal Attendance

The Thursday luncheon and President's reception is included with the following registration types: Full Registration (Wed. afternoon-Friday), Wednesday Afternoon and Thursday, Thursday Only, and Thursday and Friday.

However, you must select one of the options below - even if you are **not attending**.

Thursday Luncheon *

- Yes, I will attend.
- No, I will not attend.

Thursday Reception *

- Yes, I will attend.
- No, I will not attend.

Concurrent Educational Tracks

GHIMA determines room assignment for the breakout sessions based on the number who indicate attendance. If you attend a