



MEDICAL SOCIETY OF VIRGINIA Health Information Technology Summit

Questions about electronic health records, meaningful use, e-prescribing, and how health information technology standards are evolving? MSV has answers.

Summit Highlights

- » Educational tracks for current electronic health record (EHR) users and those considering EHR adoption
- » Exhibits and EHR demonstrations
- » Networking and continuing education credit opportunity

You'll get expert answers to questions like:

- » How can I earn federal incentives for EHR adoption?
- » What is "meaningful use"?
- » How do I choose and negotiate the purchase of an EHR system?
- » How can I use my EHR system to measure quality?
- » Can I renegotiate the terms of my EHR contract?
- » How can I partner with my local health system on EHR adoption?

Announcing limited time discount!

Thanks to a grant from The Physicians Foundation, we are offering a *very limited* number of Summit tickets at a reduced price – first come, first served.

\$99 MSV members | \$149 non-members

DATE & LOCATION: Thursday, October 21, 2010 - in conjunction with the 2010 MSV Annual Meeting
Northern Virginia | Westfields Marriott
14750 Conference Center Drive | Chantilly, VA 20151

TIME: 9:00 AM - 5:30 PM

More information and online registration is available at www.msv.org/HITSummit

REGISTRATION FEE* – Please indicate which applies to you:

_____ \$149 \$99 discounted MSV member rate – Available to all MSV members and to non-physicians sponsored by an MSV member. Please provide name of sponsoring MSV member here: _____
_____ \$199 \$149 Non-member rate

***Discounted registration fee available for MSV Annual Meeting delegates.**

Visit www.msv.org/HITSummit for more information.

Registration fee is payable by credit card or check and must accompany registration form. Please complete and return this form by fax or mail by Friday, October 15. Please send to:

Medical Society of Virginia | 2924 Emerywood Parkway, Suite 300 | Richmond, VA 23294
Fax: 804 | 355-6189

REGISTRATION

Name: _____
Title: _____
Organization name: _____
Address: _____
E-mail: _____
Telephone: _____ Fax: _____

PAYMENT

Type: Visa MasterCard AMEX Discover
Credit card number: _____
Exp. date: _____
Name as it appears on card: _____
Signature: _____

Cancellation Policy: Cancellations received on or prior to October 1, 2010 will receive a full refund. Due to meeting expenses, no refund will be provided without notice of cancellation prior to October 1, 2010.