

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY  
MEPS Data Users' Two-Day Workshop  
Estimation; Linking; Employment-Related Data; Hands-On Computer Lab  
Rockville, Maryland  
November 30 and December 1, 2004

**REGISTRATION FORM**  
Please Print

Name: \_\_\_\_\_  
Formal—including degrees: (for printed participants list)

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Internet E-mail Address: \_\_\_\_\_

Please indicate any special requirements (e.g., accommodation for impaired mobility, sign interpreter):  
\_\_\_\_\_

**Registration:**

Registrations will be accepted on a first come, first served basis with a maximum of 20 participants. The Registration Fee is **\$50 for the two-day hands-on computer lab**. Payment must be in the form of a credit card or check. If your payment is by check, please make payable to Social Scientific Systems and send to the attention of Ursula Calhoun. Your check must be received before you are considered a participant and officially registered for the workshop. Company checks should reference the MEPS Workshop and workshop dates, and include the registrant name. Acceptance notification will be via e-mail. No refund will be made after **November 22, 2004**.

PLEASE CHECK ONE:

I have included a personal check or money order \_\_\_\_\_  
I have provided information for credit card payment \_\_\_\_\_

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CREDIT CARD COMPANY: \_\_\_\_\_ AMOUNT CHARGED: \$ \_\_\_\_\_  
(**Visa, MasterCard**)

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME PRINTED (as it appears on credit card): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please mail or fax this form for receipt by **November 15, 2004** to:

Ursula Calhoun  
Social and Scientific Systems  
8757 Georgia Ave. 12<sup>th</sup> floor  
Silver Spring, MD, 20910  
Phone: 301-628-3117  
FAX: 301-628-3101, E-mail: ucalhoun@s-3.com

