

# MELAMEDIA LLC

8315 Riverside Rd.  
Alexandria, VA 22308  
Tel: (703) 704-5665  
www.melamedia.com

Publisher of

*Health Information Privacy/Security Alert*

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*Drug & Biologic Guidance Watch*

The New Regulatory Foundation for  
Health Information Exchanges: EHRs, PHRs and HIPAA

**Thursday, Jan. 29, 2009**

Please fax the completed form to: 703.619.4912 or return the form with payment to Melamedia LLC

YES! Add Me To Your Mailing List.

Registrant \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address 1 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

REQUIRED (Course materials will be delivered via Internet/Email)

Back-Up Email (STRONGLY RECOMMENDED) \_\_\_\_\_

**COST**

**SUBTOTAL**

\_\_\_\_\_ CD Set Alone .....\$275. .... \$ \_\_\_\_\_

\_\_\_\_\_ E-Sub to Health Info Privacy /Security. Alert ....@\$149 ..... \$ \_\_\_\_\_

*(valid only with order of seminar)*

Shipping & Handling for CDs .....\$10.00

**Total** \$ \_\_\_\_\_

**Payment Information**

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AMEX \_\_\_\_\_ PO # \_\_\_\_\_ \_\_\_\_\_ Check Enclosed

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**PAYMENTS SHOULD BE MADE TO:  
MELAMEDIA LLC  
8315 RIVERSIDE RD. – ALEXANDRIA, VA 22308**