

# MELAMEDIA LLC

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

Publisher of

*Drug & Biologic Guidance Watch*

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*Health Information Privacy/Security Alert*

## Confronting the Threats of Medical Identity Theft

July 24, 2007

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

Registrant \_\_\_\_\_

Title \_\_\_\_\_

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

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

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

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

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

Email \_\_\_\_\_

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

COST	SUBTOTAL
_____ CD Set Alone ..... \$270. ....	\$ _____
_____ E-Sub to Health Information Privacy/Security Alert ..... \$258 (50% of regular price) .....	\$ _____
<b>Total</b>	<b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>

### Payment Information

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

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

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

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

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