



HEALTH INFORMATION RESEARCH, INC.  
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3rd W. Bradford Ingalls Memorial Prostate Health Seminar  
Saturday, March 20, 2010  
7:45 AM – 4:00 PM  
Scripps Florida Campus  
120 Scripps Way, Jupiter FL.

REGISTRATION FORM

(PLEASE PRINT OR WRITE CLEARLY)

NAME: \_\_\_\_\_ SPOUSE \_\_\_\_\_

STREET \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (will not be given to any 3rd parties)

REGISTRATION FEES: \$35 Per Individual \_\_\_\_\_ \$50 (per couple) \_\_\_\_\_  
( Includes Continental Breakfast and Box Lunch)

Please make check payable to: HIR, Inc. Seminar Account and mail to:  
HIR, Inc.c/o Enterprise Bank, 11811 US Highway One, N. Palm Beach, FL 33408

TO PAY BY CREDIT CARD (check one ):  MC  Visa  AmEx  Discover

NAME ON CARD \_\_\_\_\_ EXP DATE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NOTE: ADMISSION TICKET WILL BE MAILED BY POST, OR EMAILED TO YOU  
OR TO REGISTER ONLINE, PLEASE GO TO OUR WEBSITE: WWW.MYHIR.ORG