

PAYMENT FORM

Skilled Nursing Facility Billing Seminar

**Knott's Berry Farm Resort and Hotel
7675 Crescent Ave.
Buena Park, CA 90620
(714) 995-1111**

TUESDAY, FEBRUARY 19, 2008

Registration: 8:30 - 9:00 a.m.
Seminar: 9:00 a.m. - 4:00 p.m.

Payment must be received no later than TUESDAY, FEBRUARY 5, 2008

Complete this form and return with payment to:

**WPS – Medicare
Attn: Finance Department
P.O. Box 1602
Omaha, NE 68101**

Provider Name: _____ **Provider #:** _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Attendee #1

Name: _____

Title: _____

E-mail Address: _____

Attendee #2

Name: _____

Title: _____

E-mail Address: _____

Attendee #3

Name: _____

Title: _____

E-mail Address: _____

Make Check Payable to: WPS-Medicare

Total Amount Enclosed (# x \$54.00): _____

Check Number: _____

CANCELLATION/REFUND POLICY

Due to contractual arrangements with the meeting facility, all cancellations must be received in our office no later than twenty-one (21) days prior to the scheduled event. No refunds will be issued for cancellations received after this date.