

HEALTHCARE
COMPUTER
CORPORATION
OF
AMERICA

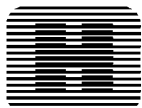
QUALITY, TRANSPARENCY & WELLNESS IS ANYONE SAVING MONEY?

2008 SPRING COLORADO STATE-OF-THE-STATE REGISTRATION

Managed Care
Information

P.O. Box 172255
Denver CO 80217

303-534-4400
888-HMO-INFO
FAX: 303-393-8995



www.hmo-info.com

That's the \$1,000,000 question. For the past seven years, health care costs have risen at an incredible and unsustainable rate. Colorado employers are once again facing double digit increases for 2008. What's the answer? One set of answers coming from the industry emphasize Quality, Transparency & Wellness.

At our spring *State-of-the-State* meetings, we want to bring together Colorado's health insurers, leading brokers, employers, legislative leaders, regulators, pharmaceutical firms and our health care providers to look at these programs, in place and in development, and find out if they are working, have potential or are just a flash in the pan. Join us and participate in the dialogue. If our Winter Arizona sessions are any indication, there's a lot to talk about.

Our Sponsors include: Anthem Blue Cross & Blue Shield, Centura Health, COPIC, Great-West Healthcare, Kaiser, Quest Diagnostics, and UnitedHealthcare.

ONE RESERVATION FORM PER ATTENDEE: Check one.

_____ COLORADO SPRINGS BREAKFAST
_____ Tuesday, April 1, 2008 (No foolin')
Colorado Springs Marriott (fka Wyndham)
5580 Tech Center Drive, Colorado Springs
Program from 7:45 to 9:30am
Registration starts at 7:00am

_____ DENVER BREAKFAST
_____ Thursday April 3, 2008
Hyatt Regency Tech Center
7800 East Tufts Avenue, Denver
Program from 7:45 to 9:30am
Registration starts at 7:00am

Name: _____ Title: _____

Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

e-mail: _____

Colorado Managed Care® subscriber: \$95 \$ _____

Become a *Colorado Managed Care®* subscriber, add \$100 for the 1st 6 months \$ _____

OR Other Interested Person - \$125 \$ _____

Total Amount To Be Charged or Payment Enclosed: \$ _____

Registrations can be reassigned, BUT NO REFUNDS AFTER March 15, 2008!

Fax this registration to (303)393-8995 or (888) HMO-2FAX, or send a check and your form to:

**HealthCare Computer Corporation of America
P.O. Box 172255
Denver CO 80217**

CREDIT CARD TYPE: Visa: _____ MasterCard: _____ American Express: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ Zip Code for the address to which your statement is sent: _____

Signature: _____ 3/25/08