



**CFCC's
Orange County Event Series Continues ...**

State of the Union of Healthcare

Come listen to a panel of experienced healthcare industry professionals discuss where the industry is today and where they believe the future of healthcare financing is headed.

The panel is comprised of :

Randy Abrahams
Bridge Healthcare Finance

Rossi Felix
GMAC Health Capital

Ron Samuelson
Healthcare Business Credit

DATE: Wednesday, August 31st, 2005
PLACE:



The Pacific Club

4110 MacArthur Boulevard, Newport Beach, CA 92660

TIME: 5:30 – 8:30 P.M.

COST: Members Reservations - \$55.00 per person
Members at the door- \$70.00 per person
Nonmembers Reservations - \$65.00 per person
Nonmembers at the door- \$75.00 per person

- ◆ Includes a buffet dinner, raffle entry and complimentary valet parking.
- ◆ Bring a friend or referral source!! So Spread the word and sign up NOW!!!
- ◆ For more info or to register by phone, fax, or on-line at www.com-fin.com

Event Sponsor:



Lucy Csizmas
AccuVal Associates, Inc.
127 N. Madison Avenue, Suite 108
Pasadena, California 91101
310-372-0683

RESERVATION FORM



**OC Meeting of the CFCC
Wednesday, August 31, 2005**

ATTENDEE NO.	ATTENDEE	AFFILIATION	RATE
(1)	NAME: COMPANY:	<input checked="" type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Pre-Registration	
(2)	NAME: COMPANY:	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Pre-Registration	
(3)	NAME: COMPANY:	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Pre-Registration	
(4)	NAME: COMPANY:	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Pre-Registration	
(5)	NAME: COMPANY:	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Pre-Registration	

RATE SCHEDULE	MEMBER	NON-MEMBER
Pre-Registration (On or Before 8/23/05)	\$55.00	\$65.00
Registration (After 8/23/05)	\$70.00	\$75.00

PAYMENT METHOD:

Check: Enclosed is a check in the amount of \$ _____ for _____ reservations.

Credit Card: **Visa** **Mastercard** *We do not accept AMX*

Card # _____ Exp. Date _____ Amount \$ _____

Name on Credit Card _____

Address _____ Phone _____

NOTE: If paying by credit card, you may fax your registration or sign up @ www.com-fin.com.

Mail/Fax to: CFCC
13428 Maxella Ave., #622
Marina Del Rey, CA 90292
Phone: (310) 395-5073
Fax: (310) 821-9237

For online registration : www.com-fin.com