352 Highway 12 West Yoscinalto, M3 39016

,	ranga				comes value of my most
ogram	ID Number (if applicable):	e Medicare at	d Medicai	Services the	per-person value or my
(Of	ID Number (if applicable):  ca is required to disclose to the Centers for the Center of the Center o	Nurse-Midwi Dentified Anes	fe (CNM), C hesiologist	Linical Nurse S Assistant (CAA	pecialist (CNS).
Cer	nated Registron reasons the appropriate attends	nce of HCPs	based on n	ale and likeliho	ood of the HCP to treat
strazon stients (					
			Amendoes	who accepted	a meal:
	and the Installation Properties	es, Non-Presort	sail Circus	let ord	
he nan lederal neal pa	ompleted by AZ representative reduced and the value of the and/or State law. The value of the food/by priciparts.  parture is required for reportable participarts are required for reportable participarts entitled to the second of the second	he food/bever everage is do nts accepting	age will be termined b meals on-	y dividing the or off-site and	total cost by the total number of at all Speaker Program
0 Att	Amendee Name is required for Non-Press	cribers (mous	ing see o	Malan.	
	Attendee Name (printed)	Designation: (Circle one or write in)		DID NOT ACCEPT MEAL	Signature (required if accepting meal)
1		par.	DO PA	-	111
1	Robbie Hadgepeth	NP	RT R		Gardnet
2			DO PA		Sm
_	Super Philyan	MD	DO PA		Tomes
3	mile Alyan	NP MD	DO P		Minga
4	1 111	1	FR.	- 00	Kindlet
-	Marsle Ellinster	MD	DO I	A	Marel:
	1 4 41 .		Marilland		14 510-7

Host(s) Name:

AstraZeneca Sign in Sheet