



Group Discount Request Form

- This discount is available to HFES Members, Early Career Associate Members, and Student Members from the same company or organization only.
- Group discounts are applicable ONLY for full Symposium registrations.
- This discount **cannot** be used in conjunction with any other discount or discounted rate.
- Please complete this form and fax it to 714-957-9112 or email to registration@meetingplanners.com.
- You will receive, via email, a link to be used by your attendees to register for HFES International Symposium in Health Care. This link will provide each attendee with the appropriate discounted fee.

Main Contact: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Number of attendees*: _____

* Your group discount may be affected if the total attendees at the Symposium does not meet or exceed the amount upon which your discount has been based. This will result in an invoice for the difference in price.

By signing below, I acknowledge that I have read, understand, and agree to the Group Discount Policies as indicated here and on the 2026 Symposium website (<https://www.hfes.org/Events/Health-Care-Symposium/Health-Care-Symposium-Home>)

Signature: _____ Date: _____

Discounts

- 5 or more registrations – save 10 percent

HFES Registration Services Office

c/o Prestige Accommodations
Tel: 714-957-9100 x103; 800-321-6338 x103
Fax: 714-957-9112
Email: registration@meetingplanners.com

<p><u>OFFICE USE ONLY</u></p> <p>Date: _____</p> <p>Group Discount: _____</p> <p>Completed By: _____</p>
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