

ABSOLUTE TOTAL CARE



Group Name: _____

Check one: PCP _____ Specialist _____ Hosp/Ancillary _____

Number of Staff Attending _____

Contact Name at your office _____

Contact Phone # _____

Location/Time you will be attending:

Greenville 10 AM _____ 2 PM _____

Charleston 10AM _____ 2 PM _____

Florence 10 AM _____ 2 PM _____

Columbia 10 AM _____ 2 PM _____

Rock Hill 10AM _____ 2 PM _____

PLEASE FAX TO: 866-912-3605

OR CALL 866-433-6041 X 64011 TO RESERVE YOUR PLACE!