**Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**58th Annual HAABB Spring Meeting**

**Wednesday and Thursday, April 16 & 17, 2025  
Argosy Casino, Hotel & Spa, Riverside, MO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attendee Name**  **Please, indicate if any of the attendees require a**  **VEGETARIAN lunch by placing \*by their name.** | **Session Attending** | | | |
| **Wednesday AM** | **Wednesday PM** | **Thursday**  **AM** | **Thursday**  **PM** |
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| **Total Count** |  |  |  |  |
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|  | **COST:** |  | | |
| **Session Fee = #\_\_\_\_\_sessions x $60 = $\_\_\_\_\_\_\_** | | | | |
| **Institutional membership = $35** | | | | |
| **TOTAL =$\_\_\_\_\_\_\_** | | | | |

Email the completed form to Brian Easley at [beasley@saint-lukes.org](mailto:beasley@saint-lukes.org)