

# THE FOURTH NATIONAL HIPAA SUMMIT

## Registration Form

### 1: PLEASE COMPLETE THE FOLLOWING

NAME OF REGISTRANT \_\_\_\_\_

TITLE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

FIRST NAME AS IT WILL APPEAR ON YOUR BADGE \_\_\_\_\_

Work Address or  Home Address (List only preferred mailing address)

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

DAYTIME PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

SPECIAL DISABILITY NEEDS

### 2: REGISTRATION FEES

**Preconference Only**  \$495

PRECONFERENCE I: The Basics of EDI, PKI and HIPAA for Clinicians, Healthcare Executives and Trustees, Compliance Officers, Privacy Officers and Legal Counsel

PRECONFERENCE II: Legal Issues in Healthcare Privacy and Data Security: A Special Preconference Symposium Sponsored by the American Health Lawyers Association

PRECONFERENCE III: Privacy and HIPAA Compliance Training for Compliance Officers: A Special Preconference Symposium sponsored by the International Association of Privacy Officers

**Regular Registration** (does not include preconference)

Thru 3/22/02: \$1,095  After 3/22/02: \$1,195

**SAVE \$400 TOTAL!** Register now for both HIPAA Summit West II and HIPAA Summit IV — for a total of \$1990.

**HIPAA SUMMIT WEST II**

**MARCH 13 – 15, 2002**

**SAN FRANCISCO, CA**

**Combined Registration/Both Summits**

\$1990 (\$995 for each Summit, not including preconference)

**Association Membership Option:** For an additional \$100, join the International Association of Privacy Officers (Regular membership: \$249)

Yes, add \$100 to my registration. I'd like to become a member of IAPO.

### 3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the address below, or fax your credit card payment to 760-771-3183.  Check/money order enclosed (checks payable to Health Care Conference Administrators, llc)

Credit card:

American Express

Visa

MasterCard

**TOTAL PAYMENT \$** \_\_\_\_\_

ACCOUNT No. \_\_\_\_\_

EXP. DATE \_\_\_\_\_

/

NAME OF CARDHOLDER \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

REGISTRANT SIGNATURE \_\_\_\_\_

How did you learn about this conference?  Brochure  Magazine Ad  Friend/Colleague  E-mail Notice

Please return your application and full payment by: Fax 760-771-3183 Phone: 800-684-4549

Or mail this form with correct tuition fee (U.S. funds) to: Conference Registration, 53881 Avenida Villa, La Quinta, CA 92253

Telephone registrations must be confirmed by fax or e-mail. We cannot guarantee your attendance unless payment is received with your registration.

**For more information:** Call 800-684-4549 or send e-mail to [information@hipaasummit.com](mailto:information@hipaasummit.com). Visit our website at [www.HIPAAsummit.com](http://www.HIPAAsummit.com).

**Tax Deductibility:** Expenses of training, including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession, may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021

**Cancellation/Substitutions:** No refunds will be given for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-684-4549.

**Terms and Conditions:** Program subject to change. Executed Registration Form constitutes binding agreement between the parties.