

HIPAA SUMMIT WEST II

AIRLINE/RENTAL CAR

For discounts on air travel with all US major carriers and rental car, contact Crofoot Travel at 1-800-872-8587. Please remember to mention HIPAA Summit West II to receive the special conference discounts available.

HOTEL ACCOMMODATIONS

A special rate of \$209 per single, \$214 per double, per night, plus tax, has been arranged. Please make your reservations directly with the hotel and mention HIPAA Summit West II to receive the reduced rate. Reservations will be accepted until Friday, February 15, 2002. After that cut-off date, reservations will be accepted on a space-available basis.

The Sheraton Palace Hotel
2 Montgomery Street, San Francisco, CA 94105
Reservations 800-325-3589 or 415-546-5049.

HIPAA Manuals and Surveys

All attendees at HIPAA Summit West II will receive a detailed HIPAA Privacy Manual and Forms, prepared by Davis Wright Tremaine www.dwt.com and the most recent version of the Quarterly National HIPAA Compliance Survey prepared by Phoenix Health Systems, www.PhoenixHealth.com.

Registration Form for HIPAA Summit West II

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: Transactions and Codes Sets – The Unfinished Business
- PRECONFERENCE III: Advanced Healthcare Data Security Issues
- PRECONFERENCE II: Basic Training for Healthcare Privacy and Security Officers

Regular Registration (does not include preconference)

Thru 2/15/02: \$1,095 After 2/15/02: \$1,195

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

FOURTH NATIONAL HIPAA SUMMIT
APRIL 24 - 26, 2002 • WASHINGTON, DC

Combined Registration/Both Summits

\$1990 (\$995 for each Summit; does not include 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. Visit our website at 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.