

REGIONAL EXTENSION CENTERS (REC) AND HEALTH INFORMATION EXCHANGE (HIE) SUMMIT THE FOURTH HIPAA SUMMIT WEST • ELECTRONIC HEALTH RECORDS (EHR) SUMMIT

-- COLLOCATED REGISTRATION --

This special package three-event registration provides full onsite access to three events - you can go back and forth between the sessions - and full online live and six month archived streaming video of the events so that you can see the sessions that you missed and review those sessions in which you participated.

1: PLEASE COMPLETE THE FOLLOWING

PLEASE PRINT

NAME _____

SIGNATURE OF REGISTRANT - REQUIRED _____

JOB TITLE _____

ORGANIZATION _____

DEPARTMENT _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

FAX - Please include fax number if you wish to receive a confirmation letter. _____

E-MAIL _____

Special Needs (Dietary or Physical)

DISCOUNT CODE

2: REGISTRATION FEES

Payment must be received with registration to qualify for early registration discount.

SUMMIT REGISTRATION (does not include preconferences or postconferences)

3-Collocated Events - Onsite (thru Friday 8/6/10*) **\$1,595.00**

3-Collocated Events - Onsite (thru Friday 9/3/10**) **\$1,895.00**

3-Collocated Events - Onsite (after Friday 9/3/10) **\$2,195.00**

*This price reflects a discount for registration and payment received through Friday, Aug. 6, 2010.

**This price reflects a discount for registration and payment received through Friday, Sep. 3, 2010.

3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Summit Registrar, 22529 39th Ave SE, Bothell, WA 98021 — or fax your credit card payment to 206-319-5303.

You may also register online at www.HIPAAsummit.com

Check/money order enclosed (checks payable to Health Care Conference Administrators, LLC)

Credit card: American Express Visa MasterCard

Discount Code: _____

Amount Due (from No. 2 above)

TOTAL \$ _____

ACCOUNT No. _____

NAME OF CARDHOLDER _____ EXP. DATE / _____

SIGNATURE OF CARDHOLDER _____ SECURITY CODE: _____

REGISTRANT SIGNATURE _____

4: OTHER INFORMATION

We cannot guarantee your attendance or issuance of a letter confirming attendance unless payment is received with your registration.

For Registration Questions: Phone: 800-864-5425

(Continental US, Alaska and Hawaii only) or 206-452-0600

Email: registration@hcconferences.com

(registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment by check (to Health Care Conference Administrators, LLC), MasterCard, Visa or American Express. A \$30 fee will be charged on any returned checks. Groups: Have registration and credit card information for each person. List all group members on FAX cover sheet.

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.

CANCELLATIONS/SUBSTITUTIONS

For onsite registrants there will be no refunds for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-864-5425 for further information.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Conference content via Internet access through the sharing of user names and passwords or via alternative media (Flash Drive) through the sharing of said media is restricted by law and may subject the copyright infringer to substantial civil damages. The Conference aggressively pursues copyright infringers.

If a registrant needs the ability to share Conference content within his or her organization, multiple Conference registrations are available at discounted rates.

The Conference will pay a reward for information regarding unauthorized sharing of Conference content. The reward will be one quarter (25%) of any recovery resulting from a copyright infringement (less legal fees and other expenses related to the recovery) up to a maximum reward payment of \$25,000. The payment will be made to the individual or individuals who in the opinion of our legal counsel first provided the factual information, which was necessary for the recovery.

If you have knowledge regarding the unauthorized Conference content sharing, contact the Conference registration office.

TERMS AND CONDITIONS

The Conference program is subject to change. An executed registration form constitutes binding agreement between the parties.

How did you learn about this conference?

Brochure Magazine Ad Friend/Colleague E-mail Notice