

THE FOURTH HIPAA SUMMIT WEST - ONLINE ATTENDANCE

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)

2: REGISTRATION FEES

SUMMIT REGISTRATION

Online conference registration includes the live Internet feed from the Summit, plus six months of continued archived Internet access, available 24/7. Professional Certification Preconferences and Postconference are not included in the broadcast or post conference media.

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

- HIPAA Summit - Onsite (thru Friday 8/6/10*) **\$795.00**
 HIPAA Summit - Onsite (thru Friday 9/3/10**) **\$1,095.00**
 HIPAA Summit - Onsite (after Friday 9/3/10) **\$1,395.00**

*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: GROUP REGISTRATION

Group registration offers the substantial volume discounts set forth below.

All group registrants are enrolled in the preconference boot camp and HIPAA Summit.

Group registration offers the possibility of implementing a HIPAA online training program. Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track conference participation to employees.

Please call 800-503-7417 for group registrations.

Group Conference Access:

- 5 or more **\$595.00**
• 10 or more **\$495.00**
• 20 or more **\$395.00**
• 40 or more **\$295.00**

4: 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 _____

5: 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: 800-503-7417 (Continental US, Alaska and Hawaii only) or 206-452-5624
Email: registration@hcconferences.com
(registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment by check (to The National HIPAA Summit), 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.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Summit 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 Summit aggressively pursues copyright infringers.

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

The Summit will pay a reward for information regarding unauthorized sharing of Summit 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 Summit content sharing, contact the registration office.

TERMS AND CONDITIONS

The Summit 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