

YOUR FULL NAME _____
(please type or print)

Sharing your demographic information with HCCA will help us create better networking opportunities. Thank you for filling out this brief form.

DEMOGRAPHIC INFORMATION


What is your functional job title? Please select one.

- | | |
|--|--|
| <input type="checkbox"/> Academic/Professor | <input type="checkbox"/> Controller |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Ethics Officer |
| <input type="checkbox"/> Asst Compliance Officer | <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Attorney (In-House Counsel) | <input type="checkbox"/> General Counsel |
| <input type="checkbox"/> Attorney (Outside Counsel) | <input type="checkbox"/> HIM Professional |
| <input type="checkbox"/> Audit Analyst | <input type="checkbox"/> HIPAA/Privacy Officer |
| <input type="checkbox"/> Audit Manager/Officer | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Billing Manager/Officer | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Charger Master | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Chief Compliance Officer | <input type="checkbox"/> Nurse Manager |
| <input type="checkbox"/> CEO/President | <input type="checkbox"/> Patient Safety Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Pharmacy Director |
| <input type="checkbox"/> Chief Information Officer | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Quality Assurance/Quality of Care |
| <input type="checkbox"/> Chief Operating Officer | <input type="checkbox"/> Regulatory Officer |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Reimbursement Coordinator |
| <input type="checkbox"/> Coder | <input type="checkbox"/> Research Analyst |
| <input type="checkbox"/> Compliance Analyst | <input type="checkbox"/> Risk Manager |
| <input type="checkbox"/> Compliance Coordinator | <input type="checkbox"/> Trainer/Educator |
| <input type="checkbox"/> Compliance Director | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Compliance Fraud Examiner | <input type="checkbox"/> Other (please list below) |
| <input type="checkbox"/> Compliance Officer | |
| <input type="checkbox"/> Compliance Specialist | |
| <input type="checkbox"/> Consultant | |

List others not listed above:

Please tell us if you are a first-time attendee:

- This is my first Compliance Institute

Registration continues
on next page (over) 

What is your primary healthcare entity?

- | | |
|---|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Ambulance/Transportation | <input type="checkbox"/> Managed Care |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Medical Device Manufacturer |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Medical/Clinical Research |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Government Provider | <input type="checkbox"/> Other Provider of Services/
Products to Health Care
Entities |
| <input type="checkbox"/> Health System | <input type="checkbox"/> Payor/Insurance |
| <input type="checkbox"/> Health System/Teaching | <input type="checkbox"/> Pharmaceutical Manufacturer |
| <input type="checkbox"/> Home Care/Hospice | <input type="checkbox"/> Physician Practice |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Hospital/Teaching | <input type="checkbox"/> Retail Pharmacy |
| <input type="checkbox"/> Integrated Delivery System | <input type="checkbox"/> Third-Party Billing |
| <input type="checkbox"/> Integrated Health System | <input type="checkbox"/> Other (please list below) |
| <input type="checkbox"/> Laboratory | |
| <input type="checkbox"/> Law Firm | |

List others not listed above:

What credentials do you hold? Select all that apply.

- | | | | |
|---------------------------------|--------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> BA | <input type="checkbox"/> CFE | <input type="checkbox"/> CPHQ | <input type="checkbox"/> MPH |
| <input type="checkbox"/> BBA | <input type="checkbox"/> CHC | <input type="checkbox"/> DDS | <input type="checkbox"/> MS |
| <input type="checkbox"/> BS | <input type="checkbox"/> CHC-F | <input type="checkbox"/> ESQ | <input type="checkbox"/> MSHA |
| <input type="checkbox"/> BSN | <input type="checkbox"/> CHE | <input type="checkbox"/> FHFMA | <input type="checkbox"/> MSN |
| <input type="checkbox"/> CCEP | <input type="checkbox"/> CHP | <input type="checkbox"/> JD | <input type="checkbox"/> MT |
| <input type="checkbox"/> CCEP-F | <input type="checkbox"/> CHPC | <input type="checkbox"/> LLM | <input type="checkbox"/> NHA |
| <input type="checkbox"/> CCEP-I | <input type="checkbox"/> CHRC | <input type="checkbox"/> MA | <input type="checkbox"/> PhD |
| <input type="checkbox"/> CEM | <input type="checkbox"/> CIA | <input type="checkbox"/> MBA | <input type="checkbox"/> RHIA |
| <input type="checkbox"/> CCS | <input type="checkbox"/> CPA | <input type="checkbox"/> MHA | <input type="checkbox"/> RHIT |
| <input type="checkbox"/> CCS-P | <input type="checkbox"/> CPC | <input type="checkbox"/> MPA | <input type="checkbox"/> RN |

List others not listed above:

CONTACT INFORMATION

Mr Mrs Ms Dr

Member ID (if applicable)

First Name MI

Last Name

Credentials (CHC, CCEP, etc.)

Job Title

Name of Employer

Street Address

City/Town

State/Province

Zip/Postal Code

Country

Phone

Fax

Email (required for registration confirmation and conference info)

REGISTRATION OPTIONS

	REGISTER through 1/8/18	before 4/1/18	on/after 4/1/18
<input type="checkbox"/> HCCA Members: MONDAY & TUESDAY.....	\$1,099	\$1,149	\$1,199
<input type="checkbox"/> Non-Members: MONDAY & TUESDAY.....	\$1,349	\$1,399	\$1,449
<input type="checkbox"/> New Membership & Registration: MONDAY & TUESDAY..... <small>New members only. Dues regularly \$295 annually.</small>	\$1,299	\$1,349	\$1,399
<input type="checkbox"/> Pre-Conference: SUNDAY MORNING.....	FREE*	\$175	\$175
<input type="checkbox"/> Pre-Conference: SUNDAY AFTERNOON.....	FREE*	\$175	\$175
<input type="checkbox"/> Post-Conference: WEDNESDAY.....	FREE*	\$175	\$175
<input type="checkbox"/> Discount for 5 or more from same org.....	(\$100)	(\$100)	(\$100)
<input type="checkbox"/> Discount for 10 or more from same org.....	(\$150)	(\$150)	(\$150)

*Free only with paid Monday & Tuesday conference registration.

Registration fees are as listed and considered net of any local withholding taxes applicable in your country of residence.

TOTAL \$ _____

Dietary Needs Request

- Gluten Free Vegetarian Vegan
 Kosher-Style (no shellfish, pork, or meat/dairy mixed)
 Kosher (Hechsher certified) Dairy Free
 Other (write below): _____

HCCA's 12th Annual Volunteer Project

Saturday, April 14 | 7:30 AM – 12:00 PM

- Sign me up for the Volunteer Project

PAYMENT OPTIONS

Check enclosed (payable to HCCA)

Invoice me

I authorize HCCA to charge my credit card (choose card below):

CREDIT CARD: American Express Discover MasterCard Visa

Due to PCI Compliance, please do not provide any credit card information via email. You may email this form to helpteam@hcca-info.org (without credit card information) and call HCCA at 888-580-8373 or 952-988-0141 with your credit card information.

Credit Card Account Number

Credit Card Expiration Date

Cardholder's Name

Cardholder's Signature

C10418

REGISTER ONLINE: compliance-institute.org

EMAIL your completed form to helpteam@hcca-info.org
(do not include credit card information via email)

MAIL your registration form with check enclosed:
HCCA, 6500 Barrie Rd, Suite 250, Minneapolis, MN 55435

FAX your completed form to 952-988-0146 (include all billing information)

QUESTIONS? Call 888-580-8373 or email helpteam@hcca-info.org

TERMS AND CONDITIONS

REGISTRATION PAYMENT TERMS. Checks are payable to HCCA. Credit cards accepted: American Express, MasterCard, Visa, or Discover. HCCA will charge your credit card the correct amount should your total be miscalculated. If you wish to pay using wire transfer funds, please email helpteam@hcca-info.org for instructions.

CANCELLATIONS/SUBSTITUTIONS. You may send a substitute in your place or request a conference credit. Refunds will not be issued. Conference credits are issued in the full amount of the registration fees paid, and will expire 12 months from the date of the original, cancelled event. Conference credits may be used toward any HCCA service or product, except *The Health Care Compliance Professional's Manual*. If a credit is applied toward an event, the event must take place prior to the credit's expiration date. If you need to cancel your participation, notification is required by email, sent to helpteam@hcca-info.org, prior to the start date of the event. Please note that if you are sending a substitute, an additional fee may apply.

GROUP DISCOUNTS.

5 or more: \$100 discount for each registrant
10 or more: \$150 discount for each registrant
Discounts take effect the day a group reaches the discount number of registrants. Please send registration forms together to ensure that the discount is applied. A separate registration form is required for each registrant. The group discount is NOT available through online registration. Note that discounts will NOT be applied retroactively if more registrants are added at a later date, but new registrants will receive the group discount.

USE OF INFORMATION. By submitting this registration form, you agree to the use of your information and the terms and conditions stated on this form. To view our Privacy Statement visit hcca-info.org/privacy.aspx.

AGREEMENTS & ACKNOWLEDGEMENTS.

I agree and acknowledge that I am undertaking participation in HCCA events and activities as my own free and intentional act, and I am fully aware that possible physical injury may occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and assert that I am, as a result, able to participate in HCCA events, and I do hereby assume responsibility for my own well-being. I agree and acknowledge that HCCA plans to take photographs and/or video at the Compliance Institute and reproduce them in HCCA educational, news, or promotional material, whether in print, electronic, or other media, including the HCCA website. By participating in the Compliance Institute, I grant HCCA the right to use my name, photograph, video, and biography for such purposes. As a participant of this event, your name, job title, organization, city, state, and country will be listed on the attendee list that will be distributed to attendees, speakers, and exhibitors of this event.

HOTEL & CONFERENCE LOCATION

ARIA Las Vegas, 3730 Las Vegas Boulevard, South Las Vegas, NV 89518

866-359-7757 | arialasvegas.com

View hotel options & make reservations online: compliance-institute.org/hotel

PLEASE NOTE: Neither HCCA nor any hotel it is affiliated with will ever contact you to make a hotel reservation. If you receive a call soliciting reservations on behalf of HCCA or the event, it is likely from a room poacher and may be fraudulent. We recommend you make reservations directly with the hotel using the phone number or web link provided by HCCA. If you have concerns or questions, please contact 888-580-8373.

By submitting this registration form you agree to the Terms and Conditions as stated.