

Registration

HCCA's Compliance Institute • April 7–10, 2019 • Hynes Convention Center • Boston, MA

YOUR FULL NAME _____

(please type or print)

Sharing your demographic information with HCCA will help us create better networking opportunities. Thank you!

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 Healthcare 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:

Registration

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CONTACT

Mr Mrs Ms Dr

Member / Account ID (if applicable / known)

First Name MI

Last Name

Credentials (CHC, CCEP, etc.)

Job Title

Organization (Name of Employer)

Street Address

City/Town

State/Province

Zip/Postal Code

Country

Phone

Email (required for registration confirmation and conference info)

TERMS & CONDITIONS

REGISTRATION PAYMENT TERMS. Checks are payable to HCCA. Credit cards accepted: American Express, Discover, MasterCard, or Visa. 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.

TAX DEDUCTIBILITY. All expenses incurred to maintain or improve skills in your profession may be tax deductible, including tuition, travel, lodging, and meals. Please consult your tax advisor.

CANCELLATIONS/SUBSTITUTIONS. Refunds will not be issued. You may send a substitute in your place or request a conference credit. 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.

USE OF INFORMATION. Your information may be received by exhibitors at our conference as well as our affiliates and partners, who we may share it with for marketing purposes. Please note that only postal address information is shared. If you wish to opt out please follow the process described in our Privacy Statement. The full terms as to how we may use your information are also found in our Privacy Statement. Visit hcca-info.org/privacy.aspx.

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.

HOTEL & CONFERENCE LOCATION. HCCA is offering a choice of hotels: Sheraton Boston, Boston Marriott Hotel Copley Place, or Westin Copley Place. All meeting space for the conference is located in the Hynes Convention Center, and these hotels are connected to the convention center via indoor walkway. Group hotel room rates are good through Friday, March 15, 2019, or until the group block is full, which may be prior to this date. We recommend booking your hotel reservations early. Hotel accommodations are not included in your conference registration fee. Book your hotel online at compliance-institute.org/hotel.

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 might occur to me as a result of my participation in these events. I give this acknowledgment 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 this conference and reproduce them in HCCA educational, news, or promotional material, whether in print, electronic, or other media, including the HCCA website. By participating in this conference, I grant HCCA the right to use my name, photograph, video and biography for such purposes.

REGISTRATION

	REGISTER through 1/7/19	before 4/1/19	on/after 4/1/19
<input type="checkbox"/> HCCA Members: MONDAY & TUESDAY	\$1,199	\$1,249	\$1,299
<input type="checkbox"/> Non-Members: MONDAY & TUESDAY	\$1,449	\$1,499	\$1,549
<input type="checkbox"/> First-Time Membership & Registration: MON & TUE	\$1,399	\$1,469	\$1,519
<i>First-time members only. Dues regularly \$295 annually, increasing to \$325 in 2019—register now to save!</i>			
<input type="checkbox"/> Pre-Conference: SUNDAY MORNING	FREE*	\$175	\$195
<input type="checkbox"/> Pre-Conference: SUNDAY AFTERNOON.....	FREE*	\$175	\$195
<input type="checkbox"/> Post-Conference: WEDNESDAY	FREE*	\$175	\$195
<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 Dairy Free
 Kosher-Style (no shellfish, pork, or meat/dairy mixed)
 Kosher (Hechsher certified)
 Other (write below): _____

HCCA's 13th Annual Volunteer Project

Saturday, April 6 | 12:00 – 4:00 PM

- Sign me up for the Volunteer Project

PAYMENT

- Check enclosed (payable to HCCA)
 Invoice me
 I authorize HCCA to charge my credit card (choose card below):

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: American Express Discover MasterCard Visa

Credit Card Account Number

Credit Card Expiration Date

Cardholder's Name

Cardholder's Signature

C10419

Use of your information. To find out how we may use your information please read our Privacy Statement at hcca-info.org/privacy.aspx. By submitting this registration form you agree to the use of your information as stated in the privacy policy.

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 info)

QUESTIONS? Call 888.580.8373 or 952.988.0141 or email helpteam@hcca-info.org