



*Save the  
Date*



**BOSTON**

HCCA's 23<sup>rd</sup> Annual  
Compliance  
Institute

**APRIL 7-10, 2019**  
HYNES CONVENTION CENTER

**Don't miss out on the single most comprehensive compliance conference designed to meet the needs of today's healthcare compliance professional.**

Join your colleagues in Boston as they share strategies to help you effectively address issues such as quality of care, cyber security, mobile technology risk, audits, and the stress of the job. Whether you work in a hospital, practice group, or long-term care facility, you'll learn the latest practices and expand your network of peers.

[compliance-institute.org](http://compliance-institute.org)

Questions? [Jennifer.Parrucci@corporatecompliance.org](mailto:Jennifer.Parrucci@corporatecompliance.org)



## 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

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](mailto: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](mailto: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.** 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](http://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 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 the HCCA 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 HCCA Compliance Institute, I grant HCCA the right to use my name, photograph, video and biography for such purposes.

### BOOK YOUR HOTEL NOW FOR 2019.

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](http://compliance-institute.org/hotel)

## REGISTRATION OPTIONS

	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    Kosher-Style (no shellfish, pork, or meat/dairy mixed)  
 Kosher (Hechsher certified)    Dairy Free    Other (write in):

## 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](mailto: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

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](http://hcca-info.org/privacy.aspx). By submitting this registration form you agree to the terms and conditions, including the use of your information as stated in our Privacy Statement and Terms & Conditions.

## REGISTER ONLINE [compliance-institute.org](http://compliance-institute.org)

**EMAIL** your completed form to [helpteam@hcca-info.org](mailto: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](mailto:helpteam@hcca-info.org)