

THE FOLLOWING REGISTRATION TERMS AND CONDITIONS APPLY

REGARDING INTERNET REGISTRATIONS

1. Individuals or groups may register for Internet access. Organizations may register for group access without presenting specific registrant names. In such instances the registering organization will be presented a series of user names and passwords to distribute to participants.
2. Each registrant will receive a user name and password for access. Registrants will be able to change their user names and passwords and manage their accounts.
3. Internet registrants will enjoy six (6) months access from date of issuance of user name and password.
4. Only one user (per user name and password) may view or access archived conference. It is not permissible to share user name and password with third parties. Should Internet registrants choose to access post conference content via Flash Drive, this individual use limitation applies. It is not permissible to share alternative media with third parties.
5. User name and password use will be monitored to assure compliance.
6. Each Internet registration is subject to a "bandwidth" or capacity use cap of 5 gb per user per month. When this capacity use cap is hit, the registration lapses. Said registration will be again made available at the start of the next month so long as the registration period has not lapsed and is subject to the same capacity cap.
7. For Webcast registrants there will be no refunds for cancellations. Please call the Conference Office at 800-503-7417 or 206-452-5624 for further information.

REGARDING ONSITE REGISTRATION, CANCELLATIONS AND SUBSTITUTIONS

1. For onsite group registrations, full registration and credit card information is required for each registrant. List all members of groups registering concurrently on fax or scanned cover sheet.
2. For onsite registrants there will be no refunds for "no-shows" or for cancellations. You may send a substitute or switch to the Webcast option. Please call the Conference Office at 800-503-7417 or 206-452-5624 for further information.

METHOD OF PAYMENT FOR TUITION

Make payment to Health Care Conference Administrators LLC by check, MasterCard, Visa or American Express. Credit card charges will be listed on your statement as payment to HealthCare (HC) Conf LLC. Checks or money orders should be made payable to Health Care Conference Administrators LLC. A \$30 fee will be charged on any returned checks.

REGISTRATION OPTIONS

Registration may be made online or via mail, fax or scan.

You may register through either of the following:

- Online at www.HIPAAsummit.com.
 - Fax/Mail/Email using this printed registration form. Mail the completed form with payment to the Conference registrar at 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187, or fax the completed form to 206-319-5303, or scan and email the completed form to registration@hccconferences.com. Checks or money orders should be made payable to Health Care Conference Administrators LLC.
- The following credit cards are accepted: American Express, Visa or MasterCard. Credit card charges will be listed on your statement as payment to HealthCare (HC) Conf LLC. For registrants awaiting company check or money order, a credit card number must be given to hold registration. If payment is not received by seven days prior to the Summit, credit card payment will be processed.

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

No refunds will be given for "no-shows" or for cancellations of either webcast or onsite registrations. You may send a substitute or transfer your onsite registration to a webcast registration. For more information, please call the Conference Office at 800-503-7417 or 206-452-5624.

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 Summit 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 Summit registration office.

HIPAA SUMMIT CONTINUING EDUCATION UNITS (CEUs)

NASBA CPE CREDIT:

Health Care Conference Administrators, LLC is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.learningmarket.org.

A recommended maximum of 20.00 credits based on a 50-minute hour will be granted for the entire learning activity. This program addresses topics that are of a current concern in the compliance environment. This is an update, group-live activity. For more information regarding administrative policies such as complaints or refunds, call 206-757-8053 or petergrant@dwt.com.

PENDING CONTINUING EDUCATION CREDITS

AHIMA: Pending approval for AHIMA credits.

Attorneys: Pending approval for Pennsylvania CLE Credits.

Compliance Professionals: Pending approval for Compliance Certification Board CCB credits.

CERTIFICATE OF ATTENDANCE:

Onsite attendees can request a Certificate of Attendance which they can file with appropriate entities for credit, and webcast attendees can request an Online Certificate of Attendance on which they can certify the number of hours they watched and can file with appropriate entities for credit.

TUITION SCHOLARSHIPS



The HIPAA Summit is now offering a limited number of partial and full Tuition Scholarships supported by

the Heritage Provider Network to qualifying representatives of consumer advocate organizations, safety net providers, academics, students and health services research organizations. The Tuition Scholarship application form can be downloaded from the Summit website.

REGISTRATION BINDING AGREEMENT

Registration (whether online or by this form) constitutes a contract and all of these terms and conditions are binding on the parties. In particular, these terms and conditions shall apply in the case of any credit/debit card dispute.

DISCOUNT CODES

The use of a registration discount code cannot be the basis of requesting a partial refund of fees already paid.

GENERAL TERMS AND CONDITIONS

Program subject to cancellation or change. If the program is cancelled the only liability of the Summit will be to refund the registration fee paid. The Summit shall have no liability regarding travel or other costs. Registration form submitted via fax, mail, email or online constitutes binding agreement between the parties.

FOR FURTHER INFORMATION

Call 800-503-7417 (Continental US, Alaska and Hawaii only) or 206-452-5624, send e-mail to registration@hccconferences.com, or visit our website at www.HIPAAsummit.com.

HOW TO REGISTER: Fully complete the form on page 2 (one form per registrant, photocopies acceptable). Payment must accompany each registration (U.S. funds, payable to Health Care Conference Administrators, LLC).

ONLINE: Secure online registration at www.HIPAAsummit.com.

FAX: 206-319-5303 (include credit card information with registration)

MAIL: Conference Office, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187

FOR REGISTRATION QUESTIONS:

PHONE: 800-503-7417 (Continental US, Alaska and Hawaii only) or

206-452-5624, Monday-Friday, 7 AM - 5 PM PST

E-MAIL: registration@hccconferences.com

EXHIBIT AND SPONSORSHIP OPPORTUNITIES

Take advantage of this unique opportunity to expand your reach! The Summit is attended by highly influential and experienced professionals. Sponsorship offers you strategic positioning as an industry leader. For more information call 206-673-4815 or email exhibits@hccconferences.com.

HIPAA SUMMIT

COMPLETE THE FOLLOWING. PLEASE PRINT CLEARLY:

NAME _____

ADDRESS _____

SIGNATURE OF REGISTRANT - REQUIRED _____

CITY/STATE/ZIP _____

JOB TITLE _____

TELEPHONE _____

ORGANIZATION _____

E-MAIL _____

Special Needs (Dietary or Physical)

ONSITE CONFERENCE ATTENDANCE

PROFESSIONAL TRAINING PRECONFERENCE:

ecfirst CCSASM PROFESSIONAL TRAINING — One half day \$ 595
 Note that the professional certification Preconference above provides all courses and exam background necessary for the ecfirst CCSASM program. Following the preconference, you may register for the online CCSASM certification examination. Upon your successful completion of that exam, you will be awarded the CCSASM certification. If you wish to take the additional courses necessary for HIPAA Academy's CHP program and/or any of the certification examinations online, you may register for package discounts below.

CONFERENCE (Does not include Preconference):

Through Friday, January 27, 2017* \$1,195
 Through Friday, February 24, 2017** \$1,495
 After Friday, February 24, 2017 \$1,795

GROUP REGISTRATION DISCOUNT (Does not include Preconference):

Three or more registrations submitted from the same organization at the same time receive the following discounted rates for conference registration only. To qualify, all registrations must be submitted simultaneously. (Does not include Preconference. Rates are per person.):
 Through Friday, January 27, 2017* \$ 995
 Through Friday, February 24, 2017** \$1,295
 After Friday, February 24, 2017 \$1,595

CONFERENCE ELECTRONIC MEDIA:

Onsite Attendees — Following the Summit, the video and presentations are made available in the following formats. To take advantage of the discounted prices below, you must reserve media WITH your Summit registration:

Flash Drive (\$129 + \$15 shipping) \$ 144 6 months' access on Web \$ 129

Professional Certification Preconference and Postconference are not included in the broadcast or post conference media.

ONLINE — SUPPLEMENTAL HIPAA ACADEMY (CHP AND CHA™) ONLINE TRAINING/EXAMINATIONS

(Supplemental Training is only available to those who register for Preconference—HIPAA Academy Basic Training)

All HIPAA Courses (101-110) — Regularly \$795 \$ 345
 CHP Certification Package (101-110 and CHP examination) — Regularly \$1,195 \$ 695

WEBCAST CONFERENCE ATTENDANCE

Webcast conference registration includes the live Internet feed from the Summit, plus six months of continued archived Internet access, available 24/7. Professional Certification Preconference is not included in the broadcast or post conference media.

INDIVIDUAL REGISTRATION:

Through Friday, January 27, 2017* \$ 795
 Through Friday, February 24, 2017** \$1,095
 After Friday, February 24, 2017 \$1,395

GROUP REGISTRATION:

Group registration offers the substantial volume discounts set forth below.

Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track employee conference participation.

Conference Access: 5 or more \$595 each 20 or more \$395 each
 10 or more \$495 each 40 or more \$295 each

See INTELLECTUAL PROPERTY POLICY, page 1.

CONFERENCE ELECTRONIC MEDIA:

Webcast attendees — Following the Summit, the video and presentations are made available on a flash drive. To take advantage of the discounted price below, you must reserve media WITH your Summit registration:

Flash Drive (\$129 + \$15 shipping) \$ 144

Professional Certification Preconferences are not included in the broadcast or post conference media. (All Webcast attendees automatically receive 6 months access on web.)

SPECIAL SUBSCRIPTION OFFER FOR BOTH ONSITE AND WEBCAST ATTENDEES:

You can purchase an annual subscription to *Accountable Care News*, *Medical Home News*, *Population Health News*, *Predictive Modeling News* or *Readmissions News* for only \$295 (regular rate \$468) and an annual subscription to *Value Based Payment News* or *Healthcare Innovation News* for only \$195 (regular rate \$295) when ordered with your conference registration.

<input type="checkbox"/> <i>Accountable Care News</i>	\$ 295	<input type="checkbox"/> <i>Population Health News</i>	\$ 295
<input type="checkbox"/> <i>Medical Home News</i>	\$ 295	<input type="checkbox"/> <i>Predictive Modeling News</i>	\$ 295
<input type="checkbox"/> <i>Readmissions News</i>	\$ 295		
<input type="checkbox"/> <i>Healthcare Innovation News</i>	\$ 195	<input type="checkbox"/> <i>Value Based Payment News</i>	\$ 195

* This price reflects a discount for registration and payment received through Friday, January 27, 2017.
 ** This price reflects a discount for registration and payment received through Friday, February 24, 2017.

PAYMENT

The use of a registration discount code cannot be the basis of requesting a partial refund of fees already paid.

Discount Code:

TOTAL FOR ALL OPTIONS, ONSITE OR WEBCAST:

Please enclose payment with your registration and return it to the Registrar at HIPAA Summit, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187, or fax your credit card payment to 206-319-5303.

You may also register online at www.HIPAAsummit.com.

Check/money order enclosed (payable to Health Care Conference Administrators LLC)
 Payment by credit card: American Express Visa Mastercard

If a credit card number is being given to hold registration only until such time as a check is received it must be so noted. If payment is not received by seven days prior to the Summit, the credit card payment will be processed. Credit card charges will be listed on your statement as payment to HealthCare (HC) Conf LLC.

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ACCOUNT # _____

EXPIRATION DATE _____ SECURITY CODE _____

NAME OF CARDHOLDER _____

SIGNATURE OF CARDHOLDER _____