

# THE THIRTIETH HIPAA SUMMIT - WEBINAR 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

### Preconference:

- Certified Cyber Security Architect (CCSA<sup>SM</sup>) Training **\$295.00**

**Webcast conference registration includes the live Internet feed from the Summit, plus six months of continued archived Internet access, available 24/7.**

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

### Standard Rate

- HIPAA Summit - Online (thru Friday 1/8/2021\*) **\$795.00**
- HIPAA Summit - Online (thru Friday 2/12/2021\*\*) **\$895.00**
- HIPAA Summit - Online (after Friday 2/12/2021) **\$995.00**

### Special Academic/Government/Clinic Rate\*\*\*

- HIPAA Summit - Online (thru Friday 1/8/2021\*) **\$495.00**
- HIPAA Summit - Online (thru Friday 2/12/2021\*\*) **\$595.00**
- HIPAA Summit - Online (after Friday 2/12/2021) **\$695.00**

\*This reflects a discount for registration and payment received through Friday, Jan. 8, 2021.

\*\*This reflects a discount for registration and payment received through Friday, Feb. 12, 2021.

\*\*\* For the purpose of qualifying for a discounted rate: (1) "academic" shall apply to individuals who are full time teaching staff or full time students at an academic institution (i.e., a faculty member at a medical school or hospital residency program who also sees patients is a provider, not an academic); (2) "government" shall apply to individuals who are full time employees of federal, state or local regulatory agencies (i.e., a State university health system or local public hospital is a provider, not government); and (3) "clinic" shall apply to individuals who are full time employees of a Federally Qualified Health Center or safety net clinic.

## 3: GROUP REGISTRATION

Group registration offers the substantial volume discounts set forth below. Each individual group registrant will receive his or her own unique username and password. Rates are per person. Please call 800-503-7417 for group registrations. To qualify for group or workforce training large group registration, each individual in the group must be employed by the same organization.

- 3 or more **\$595.00**
- 6 or more **\$495.00**
- 9 or more **\$395.00**
- 12 or more **\$295.00**

## 4: WORKFORCE REGISTRATION

### Special Workforce Training Conference Access:

- 20 or more **\$245.00**
- 30 or more **\$195.00**
- 40 or more **\$145.00**
- 50 or more **\$95.00**

## 5: SUMMIT ELECTRONIC MEDIA

Online attendees - to get this discounted price, you must purchase media WITH your full summit registration.

- Flash Drive (price includes \$15 shipping) **\$144.00**

## 6: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Summit Registrar, 12320 NE 8th Street, Suite 200, Bellevue, WA 98005-3187— or fax your credit card payment to 206-319-5303. You may also register online at [www.HIPAAsummit.com](http://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 \_\_\_\_\_

## 7: 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: [reginfo@hcconferences.com](mailto:reginfo@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.