

# THE FORTY-SECOND 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
<input type="checkbox"/> Special Needs (Dietary or Physical)

## 2: REGISTRATION FEES

### SUMMIT REGISTRATION

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

- |   |            |
|---|------------|
| <input type="checkbox"/> HIPAA Summit - Online (thru Friday 1/10/2025*) | \$895.00   |
| <input type="checkbox"/> HIPAA Summit - Online (thru Friday 2/7/2025**) | \$1,095.00 |
| <input type="checkbox"/> HIPAA Summit - Online (after Friday 2/7/2025)  | \$1,295.00 |

### SPECIAL ACADEMIC/GOVERNMENT/CLINIC RATE\*\*\*

- |   |          |
|---|----------|
| <input type="checkbox"/> HIPAA Summit - Online (thru Friday 1/10/2025*) | \$695.00 |
| <input type="checkbox"/> HIPAA Summit - Online (thru Friday 2/7/2025**) | \$795.00 |
| <input type="checkbox"/> HIPAA Summit - Online (after Friday 2/7/2025)  | \$895.00 |

\*This reflects a discount for registration and payment received thru Friday, Jan. 10, 2025.

\*\*This reflects a discount for registration and payment received thru Friday, Feb. 7, 2025.

\*\*\* For the purpose of qualifying for a discounted rate: (1) "academic" shall apply to individuals who teach full time or are 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. This rate does not include the Preconference for onsite attendees.

## 3: GROUP REGISTRATION

Group registration offers the substantial volume discounts set forth below.

All group registrants are enrolled in the preconference boot camp and HIPAA Summit.

Group registration offers the possibility of implementing a HIPAA online training program. Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track conference participation of employees. Please call 800-503-7417 for group registrations.

Group Conference Access:

- |              |          |
|--------------|----------|
| • 3 or more  | \$895.00 |
| • 6 or more  | \$795.00 |
| • 9 or more  | \$695.00 |
| • 12 or more | \$595.00 |

## 4: SUMMIT ELECTRONIC MEDIA

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

- |   |          |
|---|----------|
| <input type="checkbox"/> Flash Drive (price includes \$15 shipping) | \$144.00 |
|---|----------|

## 5: 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

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

## 6: 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.

### 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.