

THE SEVENTH PHYSICIAN ADVISOR - UR TEAM BOOT CAMP - ONSITE 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)

DISCOUNT CODE _____

2: REGISTRATION FEES

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

PRECONFERENCE REGISTRATION (Optional)

Preconference Session **\$395.00**

CONFERENCE REGISTRATION (does not include preconference)

STANDARD RATE

- Boot Camp - Onsite (thru Friday 5/31/2019*) **\$1,195.00**
 Boot Camp - Onsite (thru Friday 6/28/2019**) **\$1,495.00**
 Boot Camp - Onsite (after Friday 6/28/2019) **\$1,795.00**

HOSPITAL AND HEALTH SYSTEM RATE

- Boot Camp - Onsite (thru Friday 5/31/2019*) **\$895.00**
 Boot Camp - Onsite (thru Friday 6/28/2019**) **\$1,095.00**
 Boot Camp - Onsite (after Friday 6/28/2019) **\$1,295.00**

CRITICAL ACCESS HOSPITALS FLAT RATE***

Boot Camp- Onsite (flat rate) **\$595.00**

GROUP REGISTRATION RATES (does not include preconference)

Three or more registrations submitted at the same time receive the following discounted rates for conference registration only:

- Boot Camp - Onsite (thru Friday 5/31/2019*) **\$895.00**
 Boot Camp - Onsite (thru Friday 6/28/2019**) **\$1,095.00**
 Boot Camp - Onsite (after Friday 6/28/2019) **\$1,395.00**

* This price reflects a discount for registration and payment received through Friday, May 31, 2019.

** This price reflects a discount for registration and payment received through Friday, June 28, 2019.

*** A Critical Access Hospital (CAH) is a rural acute care hospital of no more than 25 beds that meets certain geographic and staffing requirements and is certified by HHS to receive cost-based reimbursement from Medicare.

3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Summit Registrar, 22529 39th Ave SE, Bothell, WA 98021 — or fax your credit card payment to 206-319-5303.

You may also register online at www.RACSummit.com

Check/money order enclosed (checks payable to Healthcare Conference Administrators, LLC)

Credit card: American Express Visa MasterCard

Amount Due (from No. 2 above) **TOTAL \$** _____

ACCOUNT No. _____

NAME OF CARDHOLDER _____ EXP. DATE / _____

SIGNATURE OF CARDHOLDER _____

REGISTRANT SIGNATURE _____

4: 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: 800-503-0188 (Continental US, Alaska and Hawaii only) or 206-452-5495 Email: registration@hcconferences.com (registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment by check (to The National Medicare RAC 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.

CANCELLATIONS/SUBSTITUTIONS

For onsite registrants there will be no refunds for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 800-503-0188 for further information.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Summit content via Internet access through the sharing of user names and passwords or via 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.

TERMS AND CONDITIONS

The Summit program is subject to change. An executed registration form constitutes binding agreement between the parties.

How did you learn about this conference?

Brochure Magazine Ad Friend/Colleague E-mail Notice