

YOUR FULL NAME \_\_\_\_\_

(please type or print)

Sharing your demographic information with HCCA will help us create better networking opportunities for you. Thank you for filling out this brief form.

## 1 Demographic Information

### What is your functional job title? Please select one.

- |  |  |
|--|--|
| <input type="checkbox"/> Academic/Professor          | <input type="checkbox"/> Consultant                        |
| <input type="checkbox"/> Administration              | <input type="checkbox"/> Controller                        |
| <input type="checkbox"/> Asst Compliance Officer     | <input type="checkbox"/> Ethics Officer                    |
| <input type="checkbox"/> Attorney (In-House Counsel) | <input type="checkbox"/> Executive Director                |
| <input type="checkbox"/> Attorney (Outside Counsel)  | <input type="checkbox"/> General Counsel                   |
| <input type="checkbox"/> Audit Analyst               | <input type="checkbox"/> HIM Professional                  |
| <input type="checkbox"/> Audit Manager/Officer       | <input type="checkbox"/> HIPAA/Privacy Officer             |
| <input type="checkbox"/> Billing Manager/Officer     | <input type="checkbox"/> Human Resources                   |
| <input type="checkbox"/> Charger Master              | <input type="checkbox"/> Medical Director                  |
| <input type="checkbox"/> Chief Compliance Officer    | <input type="checkbox"/> Nurse                             |
| <input type="checkbox"/> CEO/President               | <input type="checkbox"/> Nurse Manager                     |
| <input type="checkbox"/> Chief Financial Officer     | <input type="checkbox"/> Patient Safety Officer            |
| <input type="checkbox"/> Chief Information Officer   | <input type="checkbox"/> Pharmacy Director                 |
| <input type="checkbox"/> Chief Medical Officer       | <input type="checkbox"/> Physician                         |
| <input type="checkbox"/> Chief Operating Officer     | <input type="checkbox"/> Quality Assurance/Quality of Care |
| <input type="checkbox"/> Clinical                    | <input type="checkbox"/> Regulatory Officer                |
| <input type="checkbox"/> Coder                       | <input type="checkbox"/> Reimbursement Coordinator         |
| <input type="checkbox"/> Compliance Analyst          | <input type="checkbox"/> Research Analyst                  |
| <input type="checkbox"/> Compliance Coordinator      | <input type="checkbox"/> Risk Manager                      |
| <input type="checkbox"/> Compliance Director         | <input type="checkbox"/> Trainer/Educator                  |
| <input type="checkbox"/> Compliance Fraud Examiner   | <input type="checkbox"/> Vice President                    |
| <input type="checkbox"/> Compliance Officer          | <input type="checkbox"/> Other (please list below)         |
| <input type="checkbox"/> Compliance Specialist       |  |

List others not listed above:


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### Please tell us if you are a first-time attendee:

- This is my first Compliance Institute

Registration continues  
on next page (over) 

### What is your primary healthcare entity?

- |   |  |
|---|--|
| <input type="checkbox"/> Academic                   | <input type="checkbox"/> Long-Term Care  |
| <input type="checkbox"/> Ambulance/Transportation   | <input type="checkbox"/> Managed Care  |
| <input type="checkbox"/> Behavioral Health          | <input type="checkbox"/> Medical Device Manufacturer                                 |
| <input type="checkbox"/> Consulting Firm            | <input type="checkbox"/> Medical/Clinical Research                                   |
| <input type="checkbox"/> Durable Medical Equipment  | <input type="checkbox"/> Nursing   |
| <input type="checkbox"/> Government Provider        | <input type="checkbox"/> Other Provider of Services/Products to Health Care Entities |
| <input type="checkbox"/> Health System              | <input type="checkbox"/> Payor/Insurance   |
| <input type="checkbox"/> Health System/Teaching     | <input type="checkbox"/> Pharmaceutical Manufacturer                                 |
| <input type="checkbox"/> Home Care/Hospice          | <input type="checkbox"/> Physician Practice  |
| <input type="checkbox"/> Hospital                   | <input type="checkbox"/> Rehabilitation  |
| <input type="checkbox"/> Hospital/Teaching          | <input type="checkbox"/> Retail Pharmacy   |
| <input type="checkbox"/> Integrated Delivery System | <input type="checkbox"/> Third-Party Billing   |
| <input type="checkbox"/> Integrated Health System   | <input type="checkbox"/> Other (please list below)                                   |
| <input type="checkbox"/> Laboratory                 |  |
| <input type="checkbox"/> Law Firm                   |  |

List others not listed above:

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### What credentials do you hold? Select all that apply.

- |                                 |                                |                                |                               |
|---------------------------------|--------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> BA     | <input type="checkbox"/> CFE   | <input type="checkbox"/> CPHQ  | <input type="checkbox"/> MPH  |
| <input type="checkbox"/> BBA    | <input type="checkbox"/> CHC   | <input type="checkbox"/> DDS   | <input type="checkbox"/> MS   |
| <input type="checkbox"/> BS     | <input type="checkbox"/> CHC-F | <input type="checkbox"/> ESQ   | <input type="checkbox"/> MSHA |
| <input type="checkbox"/> BSN    | <input type="checkbox"/> CHE   | <input type="checkbox"/> FHFMA | <input type="checkbox"/> MSN  |
| <input type="checkbox"/> CCEP   | <input type="checkbox"/> CHP   | <input type="checkbox"/> JD    | <input type="checkbox"/> MT   |
| <input type="checkbox"/> CCEP-F | <input type="checkbox"/> CHPC  | <input type="checkbox"/> LLM   | <input type="checkbox"/> NHA  |
| <input type="checkbox"/> CCEP-I | <input type="checkbox"/> CHRC  | <input type="checkbox"/> MA    | <input type="checkbox"/> PhD  |
| <input type="checkbox"/> CEM    | <input type="checkbox"/> CIA   | <input type="checkbox"/> MBA   | <input type="checkbox"/> RHIA |
| <input type="checkbox"/> CCS    | <input type="checkbox"/> CPA   | <input type="checkbox"/> MHA   | <input type="checkbox"/> RHIT |
| <input type="checkbox"/> CCS-P  | <input type="checkbox"/> CPC   | <input type="checkbox"/> MPA   | <input type="checkbox"/> RN   |

List others not listed above:

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## 2 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 \_\_\_\_\_ Fax \_\_\_\_\_

Email (required for registration confirmation and conference information) \_\_\_\_\_

## 3 Session Selection SELECT ONE SESSION PER TIME SLOT.

**Advanced Discussion Groups** will be filled on a first-come, first-served basis. Attendance is limited to the first 50 attendees. **SESSION SELECTION IS NOT AVAILABLE FOR THESE SESSIONS.**

**Additional costs apply** if you select Pre-Conference (Sunday) or Post-Conference (Wednesday) sessions. Please select the appropriate checkboxes when choosing your Registration Options in Step 4.

|   |   |  |  |  |
|---|---|--|--|--|
| <p><b>SUN, MAR 26</b></p> <p>PRE-CONFERENCE</p> <p>BREAKOUTS <b>+ \$175</b></p> <p>9 AM – 12 PM</p> <p>OP1<br/>OP2<br/>OP3<br/>OP4<br/>OP5<br/>OP6<br/>OP7<br/>OP8<br/>OP9<br/>OP10<br/>OP11<br/>OP12<br/>OP13<br/>OP14</p> <p>BREAKOUTS <b>+ \$175</b></p> <p>1:30 – 4:30 PM</p> <p>OP15<br/>OP16<br/>OP17<br/>OP18<br/>OP19<br/>OP20<br/>OP21<br/>OP22<br/>OP23<br/>OP24<br/>OP26<br/>OP27<br/>OP28</p> | <p><b>MON, MAR 27</b></p> <p>6:30 – 7:30 AM</p> <p>O Yoga</p> <p>BREAKOUTS</p> <p>11 AM – 12 PM</p> <p>O101<br/>O102<br/>O103<br/>O104<br/>O105<br/>O106<br/>O107<br/>O108<br/>O109<br/>O110<br/>O111</p> <p>BREAKOUTS</p> <p>3 – 4 PM</p> <p>O301<br/>O302<br/>O303<br/>O304<br/>O305<br/>O306<br/>O307<br/>O308<br/>O309<br/>O310<br/>O311</p> <p>BREAKOUTS</p> <p>4:30 – 5:30 PM</p> <p>O401<br/>O402<br/>O403<br/>O404<br/>O405<br/>O406<br/>O407<br/>O408<br/>O409<br/>O410<br/>O411</p> | <p><b>TUE, MAR 28</b></p> <p>6:30 – 7:30 AM</p> <p>O Zumba</p> <p>BREAKOUTS</p> <p>11:00 AM – 12:00 PM</p> <p>O501<br/>O502<br/>O503<br/>O504<br/>O505<br/>O506<br/>O507<br/>O508<br/>O509<br/>O510<br/>O511</p> <p>BREAKOUTS</p> <p>1:00 – 2:00 PM</p> <p>O601<br/>O602<br/>O603<br/>O604<br/>O605<br/>O606<br/>O607<br/>O608<br/>O609<br/>O610<br/>O611</p> <p>BREAKOUTS</p> <p>2:30 – 3:30 PM</p> <p>O701<br/>O702<br/>O703<br/>O704<br/>O705<br/>O706<br/>O707<br/>O708<br/>O709<br/>O710<br/>O711</p> | <p><b>WED, MAR 29</b></p> <p>POST-CONFERENCE <b>+ \$175</b></p> <p>BREAKOUTS</p> <p>8 – 9:45 AM</p> <p>OW1<br/>OW2<br/>OW3<br/>OW4<br/>OW5<br/>OW6<br/>OW7<br/>OW8<br/>OW9<br/>OW10<br/>OW11</p> <p>BREAKOUTS</p> <p>10 – 11:45 AM</p> <p>OW12<br/>OW13<br/>OW15<br/>OW16<br/>OW17<br/>OW18<br/>OW19<br/>OW20<br/>OW21</p> | <p><b>SPECIAL REQUEST</b><br/>DIETARY ACCOMMODATION</p> <p><input type="checkbox"/> Gluten Free</p> <p><input type="checkbox"/> Kosher-Style<br/><small>(no shellfish, pork, or meat/dairy mixed)</small></p> <p><input type="checkbox"/> Kosher<br/><small>(Hechsher certified)</small></p> <p><input type="checkbox"/> Vegetarian</p> <p><input type="checkbox"/> Vegan</p> <p><input type="checkbox"/> Other <small>(write below)</small></p> |
|---|---|--|--|--|

## 4 Registration Options

before 3/1/17 on/after 3/1/17

- HCCA Members: MONDAY/TUESDAY ..... \$1,149 ..... \$1,199
- Non-Members: MONDAY/TUESDAY ..... \$1,299 ..... \$1,349
- New Membership & Registration: MON/TUE ..... \$1,349 ..... \$1,399  
*New members only. Dues regularly \$295 annually.*
- Pre-Conference: SUNDAY MORNING ..... \$175 ..... \$175
- Pre-Conference: SUNDAY AFTERNOON ..... \$175 ..... \$175
- Post-Conference: WEDNESDAY ..... \$175 ..... \$175
- Discount for 5 or more from same org ..... (\$100) ..... (\$100)
- Discount for 10 or more from same org ..... (\$150) ..... (\$150)

*Registration fees are as listed and considered net of any local withholding taxes applicable in your country of residence.*

TOTAL \$ \_\_\_\_\_

## 5 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 \_\_\_\_\_

CI0417

## WAYS TO REGISTER

**MAIL** Include registration form with check payable to: HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435

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

**FAX** 952-988-0146 *(include billing info)*

**EMAIL** [helpteam@hcca-info.org](mailto:helpteam@hcca-info.org) *(do not email credit card details)*

**QUESTIONS?** Call 888-580-8373 or email [helpteam@hcca-info.org](mailto:helpteam@hcca-info.org)

## TERMS AND CONDITIONS

**PAYMENT TERMS.** Checks are payable to HCCA. Credit cards accepted include American Express, Discover, MasterCard, or Visa. HCCA will charge your credit card the correct amount should your total be miscalculated.

**TAX DEDUCTIBILITY.** All expenses incurred to maintain or improve skills in your profession may be tax deductible, including tuition, travel, lodging, and meals. Please consult your tax advisor.

### 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.

**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 towards any HCCA service or product, except the *Health Care Compliance Professional's Manual*. If a credit is applied towards 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 at [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.

By submitting this registration form you agree to the full Terms and Conditions as stated on the Details page of the 2017 Compliance Institute brochure.