

Registration

HCCA's 14th Annual 2010 Compliance Institute

Name: _____
(please type or print)

Please fill out the following information. Sharing your demographic information with HCCA will help us create better networking opportunities for you.

STEP 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 here:

Please tell us if you are a first-time attendee of the Compliance Institute:

- This is my first annual Compliance Institute

What is your primary health care 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 here:

What certifications do you hold? Select all that apply.

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

List others not listed here:

**REGISTRATION CONTINUES
ON NEXT PAGE (OVER)**

Registration

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STEP 2: Please type or print your contact information

Mr. Mrs. Ms. Dr.

Member ID

First MI Last

Credentials

Title

Place of Employment

Mailing Address

City State Zip

Phone

Fax

E-mail (required for confirmation notification)

CI0410

STEP 3: Session selection

Please select sessions to assist HCCA in room planning. Select only ONE session per time slot (Industry Immersions overlap with Breakout Sessions).

SATURDAY, APRIL 17

Register me for the HCCA Volunteer Project (7:00 AM–NOON)

SUNDAY, APRIL 18

PRE-CONFERENCE 9:00 AM–12:00 PM

P1 P2 P3 P4 P5 P6 P7 P8 P9

PRE-CONFERENCE 1:30–4:30 PM

P10 P11 P12 P13 P14 P15 P16 P17 P18

MONDAY, APRIL 19

BREAKOUT SESSIONS 11:00 AM–12:00 PM

101 102 103 104 105 106 107 108 109 110* 111
 112 113

BREAKOUT SESSIONS 1:30–2:30 PM

201 202 203 204 205 206 207 208 209 210*

Industry Immersions 1:30–5:30 PM ii1 ii2 ii3

BREAKOUT SESSIONS 3:00–4:00 PM

301 302 303 304 305 306 307 308 309 310*

BREAKOUT SESSIONS 4:30–5:30 PM

401 402 403 404 405 406 407 408 409 410*

TUESDAY, APRIL 20

BREAKOUT SESSIONS 11:00 AM–12:00 PM

501 502 503 504 505 506 507 508 509 510* 511

Industry Immersions 11:00 AM–4:30 PM ii4 ii5

BREAKOUT SESSIONS 1:15–2:15 PM

601 602 603 604 605 606 607 608 609 610 611

BREAKOUT SESSIONS 2:45–3:45 PM

701 702 703 704 705 706 707 708 709 710 711

WEDNESDAY, APRIL 21

POST-CONFERENCE 8:00 AM–12:00 PM

W1 W2 W3 W4 W5 W6 W7 W8 W9

*Note: these Advanced Discussion Groups are limited to 50 participants.

HOW TO REGISTER

MAIL Include registration form with check payable to:

HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435

ONLINE Visit www.compliance-institute.org

FAX to 952-988-0146 (including billing information)

QUESTIONS? Call 888-580-8373 or e-mail helpteam@hcca-info.org

STEP 4: Choose your options

PRICES REFLECT SAVINGS

REGISTER on or before 4/1/10 after 4/1/10

- HCCA Members.....\$949.....\$999
- Membership Renewal & Registration.....\$1,244.....\$1,294
- Non-Members.....\$1,099.....\$1,149
- New Membership & Registration*.....\$1,149.....\$1,199
- Pre-Conference Registration Morning.....\$125.....\$125
- Pre-Conference Registration Afternoon.....\$125.....\$125
- Post-Conference Registration.....\$125.....\$125
- Conference Binders (Monday/Tuesday only).....\$75.....\$75
- DVD-ROM of Recorded Sessions** (see p. 36 for details).....\$183.....\$183
- DVD-ROM License Extension (see p. 36 for details).....\$99.....\$99
- Discount for attending HCCA's 2010 Research Compliance Conference or SCCE's Conference for Effective Compliance Systems in Higher Education.....(\$100).....(\$100)
- Discount for 5 or more from the same company.....(\$100).....(\$100)

*NEW MEMBERS ONLY. (DUES REGULARLY \$295 ANNUALLY.)

**PRICE INCLUDES SHIPPING COST.

TOTAL:

STEP 5: Payment

Check enclosed (payable to HCCA)

Invoice me Purchase Order # _____

Charge my: Visa MasterCard AmericanExpress

Credit Card Account Number

Credit Card Expiration Date

Cardholder's Name

Cardholder's Signature

REGISTRATION PAYMENT TERMS Checks are payable to HCCA. Credit cards accepted: American Express, 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 (Federal tax ID # 23-2882664).

CANCELLATIONS/SUBSTITUTIONS No refunds will be given for "no-shows" or cancellations. You may send a substitute or receive a credit for other conferences to be used within one year. Please call Patti Hoskin at 888-580-8373 or e-mail patti.hoskin@hcca-info.org.

HCCA IS GOING GREEN Attendees will receive electronic access to the course materials prior to the program as well as an electronic version of the materials at the program. Attendees will not automatically receive the binders. If you would like to purchase the binders for \$75, please check "Conference Binders" above. (Please note: there will be two 3" D-ring binders, and binders contain Monday and Tuesday conference sessions only.)