

THE NATIONAL REC AND HIE SUMMIT WEST - 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.

PROFESSIONAL CERTIFICATION PRECONFERENCES:

- Sunday 10/3**
- Professional Certification Preconference - CSCS Associate™ **\$395.00**
- Monday 10/4**
- Professional Certification Preconference - HIPAA Academy CHA/CHP/CHSS Basic **\$595.00**

SUMMIT PRECONFERENCES:

- Monday 10/4**
- Preconference I: Meaningful Use - What it is and How to Qualify **\$495.00**
- Preconference II: How to Successfully Work with Regional Extension Centers **\$495.00**

SUMMIT REGISTRATION (does not include preconference)

- REC/HIE Summit - Onsite (thru Friday 8/6/10*) **\$1,195.00**
- REC/HIE Summit - Onsite (thru Friday 9/3/10**) **\$1,495.00**
- REC/HIE Summit - Onsite (after Friday 9/3/10) **\$1,795.00**

SPECIAL ACADEMIC/GOV'T/REC/HIE RATE*** (does not include precon)

- REC/HIE Summit - Onsite (thru Friday 8/6/10*) **\$395.00**
- REC/HIE Summit - Onsite (thru Friday 9/3/10**) **\$495.00**
- REC/HIE Summit - Onsite (after Friday 9/3/10) **\$595.00**

*This price reflects a discount for registration and payment received through Friday, Aug. 6, 2010.
 **This price reflects a discount for registration and payment received through Friday, Sep. 3, 2010.
 *** For the purpose of qualifying for the academic/government rates, "academic" shall apply to individuals who are full time teaching staff or students of an academic institution, "government" shall apply individuals who are full time employees of federal, state or local regulatory agencies, and "HIE" and "REC" shall apply to full time employees of any health information exchange or regional extension center. This rate does not include the Preconference or Post conference

POSTCONFERENCE REGISTRATION:

- Friday 10/6**
- Postconference: Analyzing EMR/EHR Implementations Worldwide: Best Practice Lessons for Your EMR/EHR Implementation **\$195.00**

PROFESSIONAL CERTIFICATION POSTCONFERENCE REGISTRATION:

- Wed-Fri 10/6-8**
- Postconference - Health IT Certification CPEHR Training
- Postconference (for those who registered for full Summit) **\$1,495.00**
- Postconference (for those who DID NOT register for full Summit) **\$1,695.00**

2: REGISTRATION FEES, CONT.

GROUP REGISTRATION RATES:

Three or more registrations submitted at the same time receive the following discounted rates for conference registration only (preconference and postconference not included):

- REC/HIE Summit - Onsite (thru Friday 8/6/10*) **\$995.00**
- REC/HIE Summit - Onsite (thru Friday 9/3/10**) **\$1,295.00**
- REC/HIE Summit - Onsite (after Friday 9/3/10) **\$1,595.00**

SUPPLEMENTAL ONLINE TRAINING AND CERTIFICATION EXAMS

HIPAA ACADEMY TRAINING (CHA, CHP, CHSS)

(only available to those who register for Preconference I)

- All Courses Package (101 - 108) **\$345.00**
- CHA Cert Package (101 - 103 and CHA exam) **\$395.00**
- CHP Cert Package (101 - 105 and CHP exam) **\$595.00**
- CHSS Cert Package (105 - 108 and CHSS exam) **\$345.00**
- CHP & CHSS Cert Package (101 - 108, CHP & CHSS exams) **\$995.00**

HEALTH IT CERTIFICATION TRAINING (CPHIT AND CPHIE)

(only available to those who register for Postconference)

- Complete 10-course CPHIT Curriculum & Certification Exam **\$695.00**
- Complete 10-course CPHIE Curriculum & Certification Exam **\$695.00**

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.HIESummit.com

- Check/money order enclosed (checks payable to Health Care Conference Administrators, LLC)
- Credit card: American Express Visa MasterCard

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

ACCOUNT No. _____

NAME OF CARDHOLDER _____

EXP. DATE / _____ SECURITY CODE: _____

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: 800-503-7414 (Continental US, Alaska and Hawaii only) or 206-452-5612
 Email: registration@hcconferences.com
 (registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment by check (to Health Care Conference Administrators, LLC), 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.

TERMS AND CONDITIONS

The Summit program is subject to change. An executed registration form constitutes binding agreement between the parties. For complete Terms & Conditions, visit www.HIESummit.com/registration.html.