

Annual Meeting Registration Forms

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Annual Meeting and In-House Counsel Program Registration Form. To register: Remit payment and completed registration form by mail to the American Health Lawyers Association P.O. Box 79340 • Baltimore, MD 21279-0340 or fax with credit card information to (202) 775-2482. To register by phone call (202) 833-1100, prompt #2. If any program is over-subscribed, only AHLA members will be placed on a waiting list. On-site registrations will be accepted on a space-available basis only.

Name: _____ Member ID # _____
 First Name for Badge (if different than above): _____ Title: _____
 Firm/Organization: _____
 Address: _____
 City: _____ State: _____ ZIP+ 4 _____
 Telephone: (_____) _____ Fax: (_____) _____
 Email: _____

Please register me for the In-House Counsel Program—June 27, 2010

- \$335 Member \$560 Non-Member

Please register me for the Annual Meeting—June 28-30, 2010

Postmarked and paid by June 4, 2010

- \$995 Member \$1,220 Non-Member

- \$920 Each additional member registering at the same time from the same company

Postmarked and paid between June 5 and June 24, 2010

- \$1,120 Member \$1,345 Non-Member

- \$1,045 Each additional member registering at the same time from the same company

Celebration Sale

- \$920 Members who have paid to attend another in-person program during the 2009–2010 educational year.

Please indicate program(s) attended (eligible programs listed on page 50): _____

Family Registration Package (includes 1 program registration, 1 adult guest fee and 2 or more teen or youth fees; please include guests names in space provided on the back of this form under Guest Registration)

- \$1,440 Member \$1,665 Non-Member

Printed Course Materials

All attendees will receive a CD and an electronic version of the full set of course materials for the program(s) for which they register.

If you would like to purchase a binder(s), Please indicate below if you are also registered for:

- In-House Counsel Program and want to purchase the binder for \$45
 Annual Meeting and want to purchase the binder for \$90

Practice Group Luncheons

Sunday, June 27, 2010

In-House Counsel *(For those people attending the In-House Counsel Program, the cost of the Practice Group luncheon is included in the registration fee.)*

- \$35 \$45

Monday, June 28, 2010

Business Law and Governance *and* Physician Organizations (joint)
 Payors, Plans, and Managed Care
 Regulation, Accreditation, and Payment
 Hospitals and Health Systems *and* Teaching Hospitals and Academic Medical Centers (joint)

- \$35 \$45
 \$35 \$45
 \$35 \$45

Tuesday, June 29, 2010

Antitrust
 Healthcare Liability and Litigation *and* Labor and Employment (joint)
 Medical Staff, Credentialing, and Peer Review
 Tax and Finance

- \$35 \$45
 \$35 \$45
 \$35 \$45
 \$35 \$45

Wednesday, June 30, 2010

Fraud and Abuse
 Health Information and Technology *and* Life Sciences (joint)
 Long Term Care, Senior Housing, In-Home Care, and Rehabilitation

- \$35 \$45
 \$35 \$45
 \$35 \$45

Practice Group Lunch Total

\$ _____



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Guest Registration Fees

\$240 Spouse/Adult Guest (includes 3 breakfasts, Sunday Welcome Reception, Monday Night off-property reception at the Museum of Flight, and the Taste of Seattle event)

Name: _____

\$150 Teen Guest (ages 13-18; includes 3 breakfasts, Sunday Welcome Reception, Monday Night off-property reception at the Museum of Flight, and the Taste of Seattle event)

Name _____ Age _____

Name _____ Age _____

\$125 Youth Guest (ages 4-12; includes 3 breakfasts, Sunday Welcome Reception, Monday Night off-property reception at the Museum of Flight, and the Taste of Seattle event)

Name _____ Age _____

Name _____ Age _____

Guest Registration Fee Total \$ _____

Individual Event Tickets (Attendance at the Monday and Tuesday night events is included in the attendee and guest registration fees. Non-refundable individual tickets can be purchased for guests who do not want to attend all events.)

	Number of tickets	Price	Total
Museum of Flight (Monday night–youth/teen)	_____	\$65	_____
Museum of Flight (Monday night–adult)	_____	\$95	_____
Taste of Seattle event (Tuesday night–adult)	_____	\$80	_____
Taste of Seattle event (Tuesday night–youth/teen)	_____	\$50	_____

Individual Event Ticket Total \$ _____

Diversity (RED) Reception–Monday, June 28 (Please check here, if you plan to attend)

New Member/First Time Attendee/Young Professional Reception–Monday, June 28 (Please check here, if you plan to attend)

Exercise Class–Monday, June 28 (complimentary; pre-registration required) Please indicate your T-shirt size: S, M, L, XL (adult sizes only)

Name _____ Zumba Total Body Shred Shirt Size _____

Name _____ Zumba Total Body Shred Shirt Size _____

Guest Walking Tour–Monday, June 28 (complimentary; pre-registration required)

Name(s) _____

I will require: audio visual mobility I have special dietary needs _____

other assistance _____

Payment Information (Sorry! Registrations cannot be processed unless accompanied by payment)

\$ _____ In-House Counsel Program Registration

\$ _____ In-House Counsel Binder (\$45)

\$ _____ Annual Meeting Registration

\$ _____ Annual Meeting Binder (\$90)

\$ _____ Practice Group Luncheon Total

\$ _____ Guest Registration Fee Total

\$ _____ Individual Event Ticket Total

\$ _____ Membership Dues

\$ _____ Total Payment

Membership Dues Attorney In-House Counsel

Date of Admission to the Bar:.....

Admitted to Bar less than four years ago.....\$185

Admitted to Bar 4-8 yrs ago.....\$300

Admitted to Bar 8+ yrs.....\$345

Academician (full-time faculty).....\$155

Government Attorneys.....\$155

Public Interest Attorney.....\$105

Electronic Memberships:

Government Attorney, Academician; Paralegal..... \$75

Health Professional/Non-Attorney:

Graduated from College less than four yrs ago.....\$185

Graduated from College 4-8 yrs ago.....\$300

Graduated from College 8+ yrs.....\$345

Student (full-time, non degreed)..... \$15

Check enclosed (U.S. dollars, make checks payable to AHLA)

Bill my credit card:     **Diners Club**

Card Number _____ Exp. date _____

Name of Cardholder _____

Signature of Cardholder _____

ZIP Code of Cardholder's Billing Address _____

Please note: Should your credit card total be miscalculated, AHLA will charge your credit card for the correct amount due. To receive a refund of the registration fee paid minus \$50 for In-House Counsel, and \$125 for Annual Meeting, cancellation notice must be received in writing by June 18, 2010.

In-House Counsel/Annual Meeting 2010 Fed ID No. 23-733380