Payors, Plans and Managed Care 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:_____

Organization: _____

Address:_____

City: _____ State:_____ ZIP+ 4:_____

Telephone: (_____) _____ Fax: (_____) _____

E-Mail:_____

Early Registration Fees (faxed/postmarked and paid on or before October 15, 2009):

Members: ☐ $730 **Non-Members:** ☐ $955

☐ $655 each additional member registering from same organization at same time on the same check or credit card payment

Registration Fees (faxed/postmarked and paid between October 16 and October 22, 2009):

Members: ☐ $855 **Non-Members:** ☐ $1,080

☐ $780 each additional member registering from same organization at same time on the same check or credit card payment

If registering at the Member rate, please indicate to which organization(s) you belong:
☐ AHLA ☐ AHIP ☐ BCBS Legal Cooperative

I will require: ☐ audio ☐ visual ☐ mobility ☐ other assistance_____

☐ I have special dietary needs

PAYMENT INFORMATION
Please fill in applicable amount: (Sorry! Registrations cannot be processed unless accompanied by payment.)

$_____ Registration Fee

$_____ Payors, Plans, and Managed Care Practice Group Luncheon ($35 for members of the PPMC PG/$45 for non-members; Monday, October 26, 2009)

$_____ Printed Course Materials ($45)

$_____ Spouse/Guest Fee ($30) Name: _____

$_____ Membership Dues (Date admitted to the bar/graduated: ☐☐/☐☐/☐☐)

$_____ Enroll in the Payors, Plans, and Managed Care Practice Group ($45; must be an AHLA member)

$_____ Total Enclosed

☐ Check enclosed (Make checks payable to American Health Lawyers Association)
Bill my credit card: ☐ VISA ☐ MasterCard ☐ Discover

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. To receive a refund of the registration fee paid minus $125, cancellation notice must be received in writing by October 19, 2009. Please see page 10 of this brochure for AHLA's full refund policy.

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Program Materials AHLA is Going Green!

All attendees will receive an electronic version of the full set of course materials for the program (more information on page 9). If you would like to purchase a binder, please indicate that below:

☐ I am registering for the Managed Care Program and would like to purchase the binder for $45