

Registration

Fraud & Compliance Forum 2010

Remit payment and completed registration form by mail to:

American Health Lawyers Association, P.O. Box 79340, Baltimore, MD 21279-0340

You may also fax with credit card information to (202) 775-2482, or register via phone by calling (202) 833-1100, prompt 2.

If this program is over-subscribed, only AHLA and HCCA members will be placed on a waiting list. On-site registrations will be accepted on a space-available basis only.

Name: _____ AHLA/HCCA ID #: _____

First Name for Badge (if different than above): _____

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ ZIP+ 4: _____

Telephone: _____ Fax: _____ E-Mail: _____

Companion Name: _____

Early Registration Fees (faxed/postmarked and paid on or before September 8, 2010)

AHLA or HCCA Members: \$820 Non-Members: \$1,045
Additional Members*: \$745

Registration Fees (faxed/postmarked and paid between September 9 and September 22, 2010)

AHLA or HCCA Members: \$945 Non-Members: \$1,170
Additional Members*: \$870

Printed Course Materials

\$55 All attendees will receive an electronic version of the full set of materials for the program.
There is an additional fee to receive the printed binder.

**Additional members from the same company/firm registering at the same time are eligible for the reduced fee.
One member must pay the full registration fee.*

Please note: Should your credit card total be miscalculated, AHLA/HCCA will charge your card for the correct amount due. To receive a refund of the registration fee paid minus \$125, cancellation notice must be received in writing by September 20, 2010. Please send notice of cancellation to AHLA.

CODE: AHLA10 1

Payment Information

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

\$ _____ Registration Fee \$ _____ AHLA Membership Dues (\$200 when paying member registration fee: new members only)

\$ _____ Program Binder (\$55) \$ _____ HCCA Membership Dues (\$200 when paying member registration fee: new members only)

\$ _____ Companion Fee (\$30) \$ _____ AHLA Fraud and Abuse Practice Group Lunch on Monday, September 27
\$35 members of the Fraud and Abuse Practice Group / \$45 non-members

\$ _____ HCCA Membership Meeting and Luncheon on Tuesday, September 28
\$35 HCCA members / \$45 non-members

\$ _____ TOTAL ENCLOSED

Check enclosed (Make checks payable to American Health Lawyers Association)

Bill my credit card: Visa MasterCard American Express Discover Diners Club

Billing Address Zip Code: _____

Card Number: _____ Exp. Date (MM/YY): _____

Name of Cardholder: _____

Signature of Cardholder: _____

