

Institute on Medicare and Medicaid Payment Issues

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) 833-0766. If any program is over-subscribed, only Health Lawyers 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): _____

Spouse/Guest Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP+ 4: _____

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

E-Mail: _____

Early Registration Fees

(faxed/postmarked and paid by February 24, 2010):

Members: \$835 Non-Members: \$1060

\$760 each additional AHLA member registering from same organization at same time on the same check or credit card payment

Registration Fees

(faxed/postmarked and paid between February 25-March 19, 2010):

Members: \$960 Non-Members: \$1185

\$885 each additional AHLA member registering from same organization at same time on the same check or credit card payment

Printed Course Materials

I am registering for the Medicare and Medicaid Program and would like to purchase the binder for \$75

I will require:

audio visual mobility other assistance _____

I have special dietary needs

Membership Information

Dues are \$185 for those admitted to the Bar/graduated from college within the last four years; \$300 for those admitted/ graduated more than four but less than eight years ago; and \$345 for those admitted/graduated eight or more years ago. Dues are \$155 (or \$75 for electronic benefits) for government employees and full-time academicians; and \$15 for full-time law school students to receive benefits electronically. Include the applicable membership fee with your registration form and take advantage of the program registration fee for members.

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PAYMENT INFORMATION

Please fill in applicable amount:

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

\$ _____ Registration Fee

\$ _____ Practice Group Luncheon: Regulation, Accreditation,
and Payment – March 24 (\$35 for sponsoring PG members/\$45
for non-members of the RAP PG)

\$ _____ Practice Group Luncheon: In-House Counsel – March 25
(\$35 for sponsoring PG members/\$45 for non-members
of the In-House Counsel PG)

\$ _____ Medicare and Medicaid Printed Course Materials (\$75)

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

\$ _____ Spouse/Guest Fee (\$75)

Name _____

\$ _____ Total Enclosed

Payment

Check enclosed

(Make checks payable to American Health Lawyers Association)

Bill my credit 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. To receive a refund of the registration fee paid minus \$125 for Medicare and Medicaid cancellation notice must be received in writing by March 17, 2010.

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