

Physicians and Physician Organizations Law Institute/ Hospitals and Health Systems Law Institute

Registration Form

3

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: _____

Spouse/Guest _____

REGISTRATION INFORMATION

Please Register Me for the Physicians Program Only

AHLA/FAHA Members: \$745 Non-Members: \$970

\$670 each additional member registering from same organization at same time on the same check or credit card payment

Please Register Me for the Hospitals Program Only

AHLA/FAHA Members: \$775 Non-Members: \$1000

\$700 each additional member registering from same organization at same time on the same check or credit card payment

Please Register Me for Both the Physicians and the Hospitals Programs

AHLA/FAHA Members: \$1140 Non-Members: \$1360

\$1060 each additional member registering from same organization at same time on the same check or credit card payment

I will require: Audio Visual Mobility
 Other assistance _____
 I have special dietary needs

I plan to attend the Diversity Reception-Wednesday, February 8

I plan to attend the Fair Market Value Affinity Group Breakfast (space is limited) - Friday, February 10

Printed Course Materials

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

I am registering for the Physicians Program and would like to purchase a binder for \$65

I am registering for the Hospitals Program and would like to purchase a binder for \$65

I am registering for the Physicians and Hospitals Program and would like to purchase both binders for \$95

Physicians and Physician Organizations Law Institute/ Hospitals and Health Systems Law Institute

Registration Information

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

\$ _____ Registration Fee

\$ _____ Printed Course Materials \$65 Physicians binder \$65 Hospitals binder

\$95 Combined Physicians and Hospitals Binder

Practice Group Luncheons (\$35 for sponsoring PG members; \$50 for non-members)

\$ _____ Antitrust – February 8

– OR –

Labor and Employment – February 8

\$ _____ Physician Organizations – February 9

– OR –

Healthcare Liability and Litigation *and* Health Information Technology (Joint Luncheon) – February 9

\$ _____ Medical Staff, Credentialing, and Peer Review – February 10

– OR –


Hospitals and Health Systems, In-House Counsel, *and* Business Law and Governance (Joint Luncheon) – February 10

\$ _____ Spouse/Guest Fee (\$30)

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

\$ _____ Total Enclosed

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

Bill my credit card:     Diners Club

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 February 1, 2012. If you are registered for both programs and cancel your registration for one of the programs, you will not be charged the \$125 administration fee.

Fed ID No. 23-7333380