

Fraud and Compliance Forum 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: _____ AHLA ID #: _____
 First Name for Badge (if different than above): _____ Title: _____
 Organization: _____
 Address: _____ City: _____ State: _____ ZIP+ 4: _____
 Telephone: (____) _____ Fax: (____) _____
 E-Mail: _____ Spouse/Guest Name _____

EARLY REGISTRATION FEES (faxed/postmarked and paid on or before September 12, 2017):

AHLA Members: \$860 **Non-Members:** \$1110
Multi-Member Discount: \$785 each additional AHLA member registering from same organization at same time on the same check or credit card payment
In-House Counsel/Compliance Officer: \$760 AHLA Members \$1010 Non-Members
Multi-Member In-House Counsel/Compliance Officer: \$685 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 September 13-26, 2017)*:

AHLA Members: \$985 **Non-Members:** \$1235
Multi-Member Discount: \$910 each additional AHLA member registering from same organization at same time on the same check or credit card payment
In-House Counsel/Compliance Officer: \$885 AHLA Members \$1135 Non-Members
Multi-Member In-House Counsel/Compliance Officer: \$810 each additional AHLA member registering from same organization at same time on the same check or credit card payment

DISCOUNTS:

Solo Practitioner: \$100 off full applicable rate
One-Day Registration Member: \$430 **Non-Member:** \$555
AHLA/NAMFCU Government Member: \$515
Academician/Public Interest Professional Member: \$515
Government/Academician/Public Interest Professional Non-Member: \$590

I plan to attend:

Compliance Professionals Networking Breakfast **Networking Breakfast, hosted by AHLA's Women's Leadership Council**
 (Thursday, October 5, 2017, 7:00-7:50 am) (Friday, October 6, 2017, 7:00-7:50 am)

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
 \$ _____ Fraud and Abuse Practice Group Luncheon (\$60 for members of the Fraud and Abuse PG/ \$70 for non-members of the Fraud and Abuse PG;
 Thursday, October 5, 2017)
 \$ _____ Spouse/Guest Fee (\$30)
 \$ _____ Total Enclosed

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

Bill my credit card:     Diners Club

Number: _____ Exp. Date: / ZIP Code of Cardholder's Billing Address _____

Name of Cardholder: _____ Signature of Cardholder: _____

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 September 25, 2017.

*Fee increase \$100 after this date.