



THE NHCAA INSTITUTE FOR HEALTH CARE FRAUD PREVENTION

2009 Annual Training Conference

November 17-20 • Rosen Shingle Creek • Orlando, Florida

ATTENDEE REGISTRATION

Each registrant must complete a separate form. This form may be duplicated. This form may be completed electronically with Acrobat Reader. For details on registration policies see the previous page.

Mr. Ms. Mrs. Dr. FIRST NAME FOR BADGE _____
 NAME _____
 TITLE _____
 DEGREE MD DO PHD RN JD DESIGNATION _____
 ORGANIZATION _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____
 E-MAIL (Required) _____
 ORGANIZATION WEBSITE _____
 FIRST TIME ATTENDEE? YES NO
 I WILL WILL NOT ATTEND THE FRIDAY MORNING WELLNESS WALK (6:45 A.M.)

PLEASE REGISTER **ONLINE** OR COMPLETE THIS FORM AND RETURN WITH YOUR PAYMENT TO:

The NHCAA Institute – ATC Registration
 1201 New York Avenue, NW
 Suite 1120
 Washington, DC 20005

Fax: 202.785.6764

Questions?

E-mail: ATCreg@nhcaa.org

Registration forms may be faxed **ONLY** if paying by Visa, MasterCard, American Express or accompanied by a Purchase Order.

Please make checks payable to:
 The NHCAA Institute

	NHCAA MEMBER ¹		GOVERNMENT EMPLOYEE ²		NON-MEMBER ³		Total
	Received By Sept 14, 2009	Received After Sept 14, 2009	Received By Sept 14, 2009	Received After Sept 14, 2009	Received By Sept 14, 2009	Received After Sept 14, 2009	
Annual Training Conference*	<input type="radio"/> \$795	<input type="radio"/> \$895	<input type="radio"/> \$925	<input type="radio"/> \$1,025	<input type="radio"/> \$995	<input type="radio"/> \$1,200	\$ _____
Pre-Conference Half-Day Programs (Nov. 17 p.m.) Select One: <input type="checkbox"/> AHFI Examination Prep Course <input type="checkbox"/> Investigating in a Pre-pay Environment <input type="checkbox"/> Overutilization or Scheme? Emerging Fraud Challenges	<input type="radio"/> \$195	<input type="radio"/> \$225	<input type="radio"/> \$230	<input type="radio"/> \$265	<input type="radio"/> \$265	<input type="radio"/> \$295	
Pre-Conference Full-Day Programs (Nov. 17) Select One: <input type="checkbox"/> Coding 0-9: It's a Numbers Game <input type="checkbox"/> Detecting & Preventing Medical Identity Theft	<input type="radio"/> \$325	<input type="radio"/> \$355	<input type="radio"/> \$355	<input type="radio"/> \$385	<input type="radio"/> \$395	<input type="radio"/> \$430	\$ _____
Spouse/Guest Event Pass							
SPOUSE/GUEST NAME _____							
Select One:							
<input type="radio"/> \$175 Includes entrance to the Anti-Fraud Expo, Welcome Reception, Wine & Cheese Reception, and 1 ticket to the Closing Reception.							
<input type="radio"/> \$100 Allows your spouse or guest access to only the Closing Reception.							
							\$ _____
							\$ _____

*ATC registration fees include: Workshops, General Sessions, Anti-Fraud Expo, Welcome Reception, Wine & Cheese Reception, Breakfasts, Luncheons and 1 ticket to the Closing Reception.

¹NHCAA Member rate applies to all NHCAA Member Organizations, Affiliate Members, Individual Members, Premier Supporting Members and Supporting Members.

²Government Employee rate applies to NHCAA Law Enforcement Liaisons and other attendees from local, state and federal public agencies.

³Non-member participants must occupy a professional position with a private for profit or not-for-profit health care reimbursement organization, or in a local, state or federal law enforcement, prosecutorial, or regulatory agency or in a professional disciplinary organization. All registrations will be reviewed to ensure these eligibility requirements are met. If you are not in one of these positions, but wish to attend, please e-mail us at: ATCreg@nhcaa.org.

Payment

Check (Check Enclosed) Credit Card: AmEx MC Visa Purchase Order Number: _____

CREDIT CARD ACCOUNT # _____ EXP _____

CARDHOLDER NAME (PRINT) _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

Conference Registration Policies & Information

Conference Registration is open to all National Health Care Anti-Fraud Association (NHCAA) member categories. Non-member participants must meet eligibility requirements for NHCAA Individual Membership, persons occupying a professional position with a private for-profit or not-for-profit health care reimbursement organization, or in a local, state or federal law enforcement, prosecutorial, or regulatory agency or in a professional disciplinary organization. All registrations will be reviewed to ensure these eligibility requirements are met.

If you are not employed by an NHCAA Member Organization, and not in one of the positions described above, but wish to attend please e-mail us at: ATCreg@nhcaa.org. For more information about NHCAA membership visit our Web site at www.nhcaa.org.

Cancellation Policy

To cancel and obtain a full refund, minus a \$75.00 administrative fee, you must provide WRITTEN NOTICE OF CANCELLATION to The NHCAA Institute, ATC Registration, 1201 New York Ave, NW, Suite 1120, Washington, DC 20005, or via e-mail at ATCreg@nhcaa.org by **Friday, October 9, 2009**. If you cancel in writing after **Friday, October 9**, but before **Friday, October 23** you will receive a 50% refund, minus a \$75.00 administrative fee. No refunds will be provided for cancellations received after **October 23**. Refunds will not be issued to registrants who do not attend the Conference.

Substitutions

To request a substitution, you must provide WRITTEN NOTICE OF SUBSTITUTION to The NHCAA Institute, ATC Registration, 1201 New York Ave, NW, Suite 1120, Washington, DC 20005, or via e-mail at ATCreg@nhcaa.org by **Friday, October 23**. A \$50.00 fee will be assessed on substitutions received before **Friday, October 23**. After **Friday, October 23**, a \$75.00 fee will be assessed on any substitutions. Onsite substitutions can be made for a \$75.00 fee.

Completing & Submitting Form

The registration form can be completed electronically as a PDF file. You may also print out the blank form and complete—please type or print clearly. You may save and print out the completed PDF registration form for submission. See below for options for submitting your registration.

Ways to Register

Registrations will not be processed until payment or purchase order is received. Please do not submit duplicate registrations.

			Credit Card	Check	Purchase Order
online	Via secure transactions. Please have a Visa, MasterCard or American Express card available.	www.nhcaa.org/ATC	✓		
e-mail	E-mail your registration form (completed PDF file) along with purchase order.	ATCreg@nhcaa.org			✓
fax	Fill out & print completed form. Fax form along with credit card payment information or purchase order.	202.785.6764	✓		✓
mail	Fill out & print completed form. Mail form along with payment information. Make checks payable to "The NHCAA Institute."	The NHCAA Institute, ATC Registration 1201 New York Ave., NW Suite 1120 Washington, DC 20005	✓	✓	✓