



THE NATIONAL INSTITUTE FOR HEALTH CARE FRAUD PREVENTION NATIONAL EDUCATION & TRAINING SERIES

Virtual Education & Training Program Policies & Information

WAYS TO REGISTER

Online

Online via secure transactions.
Have an American Express,
Discover, MasterCard, or Visa
card available

nhcaa.org/VirtualPrograms

Email

Email your registration form
(completed PDF file) along with
any necessary purchase order.

training@nhcaa.org

Mail

Mail completed form along with
payment information.

**The NHCAA Institute
Registration**

**1220 L Street NW, Suite 600
Washington, DC 20005**

Secure Fax

Fax the completed form
along with credit card payment
information or purchase order.

202.785.6764

*Registration forms can be faxed or
emailed ONLY if:*

- *paying by American Express,
Discover, MasterCard, Visa,
accompanied by a Purchase Order or*
- *Tuition-Free.*

MEMBER TUITION-FREE REGISTRATIONS

The Membership Forum Representative from each organization will designate tuition-free registrations. Check with your representative for availability.

- ▶ NHCAA Member Organizations, Affiliate Members, and National Government Liaisons can designate two (2) tuition-free registrations per In-Person NETS program.
- ▶ Platinum Supporting Members can designate one (1) tuition-free registration per In-Person NETS program.
- ▶ State-based Government Liaisons receive five (5) tuition-free registrations (limit 2 per program) to designate throughout the year at virtual trainings.

CANCELLATION/SUBSTITUTION

All cancellations (regardless of date) will be processed with at \$50.00 administrative fee.

- ▶ All written notice of cancellations and substitutions should be sent via email to The Education & Training team, at training@nhcaa.org.
- ▶ **Before cut-off date** — To cancel and obtain a full refund (minus an administrative fee) or to request a substitution, you must provide written notice to training@nhcaa.org.
- ▶ **After cut-off date** — If you cancel in writing after the cut-off date, no refund will be provided but credit for future training is available. All substitution requests received after the cut-off date will be charged a \$50.00 administrative fee.

**For program descriptions and
registration information please visit:**

nhcaa.org/programs

QUESTIONS?

Email training@nhcaa.org



THE NATIONAL INSTITUTE FOR HEALTH CARE FRAUD PREVENTION NATIONAL EDUCATION & TRAINING SERIES

Schemes for Health Care Fraud Investigators & Analysts

REGISTRANT INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. Nickname _____

Name _____ Title _____

Degree ☐ MD ☐ DO ☐ PHD ☐ RN ☐ JD Designation _____

Organization _____

Work Address _____

City _____ State _____ Zip _____

Phone _____ Email (Required) _____

Organization Website (Required for Non-Members): _____

PROGRAM SELECTION

| Program: Virtual Training / June 21-25, 2021 | Tuition-Free | NHCAA Member ¹ | Government ² | Non-Member ³ |
|--------------------------------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Schemes for Health Care Fraud Investigators & Analysts | <input type="checkbox"/> \$0 | <input type="checkbox"/> \$425 | <input type="checkbox"/> \$425 | <input type="checkbox"/> \$525 |

*Registration Deadline: June 14, 2021

Amount Enclosed \$ _____

PAYMENT INFORMATION

☐ Check (Check Enclosed) Credit Card: ☐ AmEx ☐ Discover ☐ MC ☐ Visa ☐ Purchase Order #: _____

Credit Card Account # _____ Exp _____

Cardholder Name (Print) _____ Security Code _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

- ▶ Register online nhcaa.org/programs or complete this form & return with your payment to:
The NHCAA Institute / Registration / 1220 L Street NW / Suite 600 / Washington, DC 20005 / Fax: 202.785.6764
- ▶ See the virtual registration policies page for specific cancellation/substitution deadlines.

1. Member Rate applies to all NHCAA Member Organizations, Affiliate Members, Individual Members, Platinum, Premier Supporting Members and Supporting Members. 2. Government Rate applies to NHCAA Government Liaisons and other attendees from local, state and federal public agencies. 3. Non-Member participants must occupy a professional position with a private for-profit or not-for-profit health care reimbursement organization, in a local, state or federal law enforcement, prosecutorial, a regulatory agency or in a professional disciplinary organization.