



THE NATIONAL INSTITUTE FOR HEALTH CARE FRAUD PREVENTION

EDUCATION & TRAINING SERIES INFORMATION

In-Person 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/programs

Email

Email your registration form to
training@nhcaa.org

Mail

Mail completed form along with
payment information.

The NHCAA Institute

Registration

1220 L Street NW, Suite 815

Washington, DC 20005

Secure Fax

Fax the completed form
along with credit card payment
information.

202.785.6764

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

- paying by American Express,
Discover, MasterCard, Visa, 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 programs, excluding the Data Analytics Program.
- ▶ Platinum Supporting Members can designate one (1) tuition-free registration per In-Person program.
- ▶ State-based Government Liaisons agencies receive **THREE tuition free registrations*** to use throughout the year excluding the Data Analytics program.

CANCELLATION/SUBSTITUTION

All cancellations (regardless of date) will be processed with a \$100.00 administrative fee. See the registration policies page for specific dates and deadlines.

- ▶ 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 EDUCATION & TRAINING SERIES

Boot Camp for the Health Care Fraud Investigator

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: New Orleans, LA - June 27-29, 2023 | Tuition-Free | NHCAA Member ¹ | Government ² | Non-Member ³ |
|--|------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Boot Camp for the Health Care Fraud Investigator | <input type="checkbox"/> \$0 | <input type="checkbox"/> \$1225 | <input type="checkbox"/> \$1375 | <input type="checkbox"/> \$1500 |

*Registration Deadline: June 13, 2023

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 815 / Washington, DC 20005 / Fax: 202.785.6764
- ▶ Questions? Email training@nhcaa.org.

1. Member Rate applies to all NHCAA Member Organizations, Affiliate Members, Individual Members, Platinum, Premier Supporting Members and Standard Supporting Members. 2. Government Employee 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.