



NETS Webinar Programs

REGISTRANT INFORMATION

Mr. Ms. Mrs. Dr. Nickname _____

Name _____ Title _____

Degree MD DO PHD RN JD Designation _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email (Required) _____

Organization Website (Required for Non-Members): _____

PROGRAM SELECTION

NHCAA Webinar:	Tuition-Free	NHCAA Member ¹	Government ²	Non-Member ³	Additional Lines	TOTAL
Top Schemes of 2021 <i>December 9 @ 2:00 pm ET</i>	<input type="checkbox"/> \$0	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100	\$

Amount Enclosed \$ _____

PAYMENT INFORMATION

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Cardholder Name (Print) _____ Security Code _____

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Signature _____ Date _____

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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.