2026 ATC REGISTRATION POLICIES & INFORMATION

Conference registration is open to all NHCAA members.

Not a NHCAA Member? Registrations will be reviewed to ensure eligibility requirements are met. Additional information available at nhcaa.org/atc

E-mail with questions: training@nhcaa.org.

ANNUAL TRAINING CONFERENCE
Dates: November 3-6, 2026

EARLY REGISTRATION
Deadline: Wednesday, September 2, 2026

CANCELLATION & SUBSTITUTION
Deadline: Tuesday, October 6, 2026

All cancellations (regardless of date) will be assessed with $100.00 administrative fee.

All written notice of cancellations and substitutions should be sent via email to the Education & Training team, at **training@nhcaa.org** or mail the NHCAA Institute - ATC at 1220 L Street, NW Suite 815, Washington, DC 20005.

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 The NHCAA Institute - ATC.

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 $100.00 administrative fee.

Completing & Submitting Form

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

Ways To Register

Registrations will not be processed until payment is received. Do not submit duplicate registrations.

ONLINE

Via secure transactions. Please have an American Express, Discover, MasterCard or Visa card available. **nhcaa.org/atc**

EMAIL

Email your registration form (completed PDF file) in a secure format along with payment to **training@nhcaa.org**.

Email registration form and contact the Registrar at 202.349.7983 if you would like to provide payment via phone.

SECURE FAX

Submit completed form along with payment information or purchase order via NHCAA secure fax. **202.785.6764**

MAIL

Mail completed form along with payment information. Make checks payable to "The NHCAA Institute".

National Health Care Anti-Fraud Association
ATC Registration
PO Box 781479
Philadelphia, PA 19178-1479

BY REGISTERING FOR 2026 ANNUAL TRAINING CONFERENCE, you acknowledge that your name, title and company will be listed on the online platform for networking purposes. Registration also constitutes consent to be included in the Annual Training Conference mailing list (which includes an attendee's name, title, company and mailing address) provided to exhibitors for their planning purposes before the conference. To opt out of being included in the exhibitor list, please contact programs@nhcaa.org.

2026 ATC REGISTRATION

ATTENDEE INFORMATION

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 please visit **www.nhcaa.org/atc**.

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

Name _____ Title _____

Degree ☐ MD ☐ DO ☐ PHD ☐ RN ☐ JD Designation(s) _____

Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email (Required) _____

I REQUIRE A MEAL THAT IS: ☐ Vegetarian ☐ Gluten-Free ☐ Vegan ☐ Kosher

PROGRAMS

	NHCAA MEMBER[1]	GOVERNMENT EMPLOYEE[2]	NON-MEMBER[3]
ANNUAL TRAINING CONFERENCE (Nov. 3-6, 2026)	After Sept. 2	After Sept. 2	After Sept. 2
	☐ $1375	☐ $1295	☐ $1575

Total Amount Program $ 0.00

PAYMENT INFORMATION

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

Credit Card Account # _____ Exp _____

Cardholder Name (Print) _____ Security Code _____

Organization _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

1. NHCAA 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, 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.