

# POPULATION HEALTH AND CARE COORDINATION COLLOQUIUM PALLIATIVE CARE SUMMIT • THIRD NATIONAL MEDICAL HOME SUMMIT

## -- COLLOCATED REGISTRATION --

This special package three-event registration provides full onsite access (excluding preconferences) to the three events - you can go back and forth between the sessions - and full online live and six month archived streaming video of the events so that you can see the sessions that you missed and review those sessions in which you participated.

**1: PLEASE COMPLETE THE FOLLOWING** PLEASE PRINT

NAME \_\_\_\_\_

SIGNATURE OF REGISTRANT - REQUIRED \_\_\_\_\_

JOB TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX - Please include fax number if you wish to receive a confirmation letter. \_\_\_\_\_

E-MAIL \_\_\_\_\_

Special Needs (Dietary or Physical)

DISCOUNT CODE

**2: REGISTRATION FEES**

**Payment must be received with registration to qualify for early registration discount.**

**INDIVIDUAL REGISTRATION** (does not include preconference)

3-Collocated Events - Onsite (thru Friday 1/14/11\*) **\$1,795.00**

3-Collocated Events - Onsite (thru Friday 2/11/11\*\*) **\$2,195.00**

3-Collocated Events - Onsite (after Friday 2/11/11) **\$2,595.00**

\*This price reflects a discount for registration and payment received through Friday, Jan 14, 2011.  
\*\*This price reflects a discount for registration and payment received through Friday, Feb. 11, 2011.

**3: PAYMENT OPTIONS**

Please enclose payment with your registration and return it to the Summit Registrar, 22529 39th Ave SE, Bothell, WA 98021 — or fax your credit card payment to 206-319-5303. You may also register online at [www.PopulationHealthColloquium.com](http://www.PopulationHealthColloquium.com)

Check/money order enclosed (checks payable to Health Care Conference Admin, LLC)

Credit card:  American Express  Visa  MasterCard

Amount Due (from No. 2 above) TOTAL \$

ACCOUNT No. \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_

EXP. DATE / \_\_\_\_\_ CSC SECURITY CODE \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

REGISTRANT SIGNATURE \_\_\_\_\_

**4: OTHER INFORMATION**

**We cannot guarantee your attendance or issuance of a letter confirming attendance unless payment is received with your registration.**

**For Registration Questions:** Phone: 800-864-5425 (Continental US, Alaska and Hawaii only) or 206-452-5203  
Email: [registration@hcconferences.com](mailto:registration@hcconferences.com)  
(registration is not available by phone or email)

**METHOD OF PAYMENT FOR TUITION**  
Make payment by check (to Healthcare Conference Admin), MasterCard, Visa or American Express. A \$30 fee will be charged on any returned checks. Groups: Have registration and credit card information for each person. List all group members on FAX cover sheet.

**TAX DEDUCTIBILITY**  
Expenses of training including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021.

**CANCELLATIONS/SUBSTITUTIONS**  
For onsite registrants there will be no refunds for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-503-7439 for further information.

**INTELLECTUAL PROPERTY POLICY**  
Unauthorized sharing of Conference content via Internet access through the sharing of user names and passwords or via alternative media (Flash Drive) through the sharing of said media is restricted by law and may subject the copyright infringer to substantial civil damages. The Conference aggressively pursues copyright infringers.

If a registrant needs the ability to share Conference content within his or her organization, multiple Conference registrations are available at discounted rates.

The Conference will pay a reward for information regarding unauthorized sharing of Conference content. The reward will be one quarter (25%) of any recovery resulting from a copyright infringement (less legal fees and other expenses related to the recovery) up to a maximum reward payment of \$25,000. The payment will be made to the individual or individuals who in the opinion of our legal counsel first provided the factual information, which was necessary for the recovery.

If you have knowledge regarding the unauthorized Conference content sharing, contact the Conference registration office.

**TERMS AND CONDITIONS**  
The Conference program is subject to change. An executed registration form constitutes binding agreement between the parties.

**How did you learn about this conference?**

Brochure  Magazine Ad  Friend/Colleague  E-mail Notice