

## THE FOLLOWING REGISTRATION TERMS AND CONDITIONS APPLY FOR MEDICAL HOME SUMMIT

### REGARDING INTERNET REGISTRATIONS

1. Individuals or groups may register for Internet access. Organizations may register for group access without presenting specific registrant names. In such instances the registering organization will be presented a series of user names and passwords to distribute to participants.
2. Each registrant will receive a user name and password for access. Registrants will be able to change their user names and passwords and manage their accounts.
3. Internet registrants will enjoy six (6) months of access from the date of issuance of a user name and password.
4. Only one user (per user name and password) may access archived conference. It is not permissible to share the user name and password with third parties. Should Internet registrants choose to access post conference content via alternative media (Flash Drive), this individual use limitation applies. It is not permissible to share alternative media with third parties.
5. User name and password use will be monitored to assure compliance.
6. Each Internet registration is subject to a "bandwidth" or capacity use cap of 5 gb per user per month. When this capacity use cap is hit, the registration lapses. Said registration will be again made available at the start of the next month so long as the registration period has not lapsed and is subject to the same capacity cap.
7. For online registrants there will be no refunds for cancellations. Please call the Conference Office at 800-503-6494 or 206-452-2025 for further information.

### REGARDING ONSITE REGISTRATION, CANCELLATIONS AND SUBSTITUTIONS

1. For onsite group registrations, full registration and credit card information is required for each registrant. List all members of groups registering concurrently on fax or scanned cover sheet.
2. For onsite registrants there will be no refunds for "no-shows" or for cancellations. You may send a substitute or switch to the online option. Please call the Conference Office at 800-503-6494 or 206-452-2025 for further information.

### METHOD OF PAYMENT FOR TUITION

Make payment to Health Care Conference Administrators LLC by check, MasterCard, Visa or American Express. Credit card charges will be listed on your statement as payment to HCCA Conferences. Checks or money orders should be made payable to Health Care Conference Administrators LLC. A \$30 fee will be charged on any returned checks.

### REGISTRATION OPTIONS

Registration may be made online or via mail, fax or scan.

You may register through either of the following:

- Online at [www.MedicalHomeSummit.com](http://www.MedicalHomeSummit.com).
- Fax/Mail/Email using this printed registration form. Mail the completed form with payment to the Conference registrar at 22529 39th Ave. SE, Bothell, WA 98021, or fax the completed form to 206-319-5303, or scan and email the completed form to [registration@hccconferences.com](mailto:registration@hccconferences.com). Checks or money orders should be made payable to Health Care Conference Administrators LLC.

The following credit cards are accepted: American Express, Visa or MasterCard. Credit card charges will be listed on your statement as payment to HCCA Conferences.

For registrants awaiting company check or money order, a credit card number must be given to hold registration. If payment is not received by seven days prior to the Summit, credit card payment will be processed.

### 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.

### CONTINUING EDUCATION UNITS (CEUs)

The Summit is pleased to offer CME for physicians. Additional details will be provided on the web site. The Summit does not offer pre-approved Continuing Education Credits (CEUs) directly for other categories of attendees. However, onsite attendees can request a Certificate of Attendance which they can file with appropriate entities for credit, and online attendees can request an Online Certificate of Attendance on which they can certify the number of hours they watched and can file with appropriate entities for credit.

### CANCELLATIONS/SUBSTITUTIONS

No refunds will be given for "no-shows" or for cancellations of either online or onsite registrations. You may send a substitute or transfer your onsite registration to an online registration. For more information, please call the Conference Office at 800-503-6494 or 206-452-2025.

### INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Summit 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 Summit aggressively pursues copyright infringers. If a registrant needs the ability to share Summit content within his or her organization, multiple Summit registrations are available at discounted rates.

The Summit will pay a reward for information regarding unauthorized sharing of Summit 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 Summit content sharing, contact the Summit registration office.

### REGISTRATION BINDING AGREEMENT

Registration (whether online or by this form) constitutes a contract and all of these terms and conditions are binding on the parties. In particular, these terms and conditions shall apply in the case of any credit/debit card dispute.

### GENERAL TERMS AND CONDITIONS

Program subject to cancellation or change. If the program is cancelled the only liability of the Summit will be to refund the registration fee paid. The Summit shall have no liability regarding travel or other costs. Registration form submitted via fax, mail, email or online constitutes binding agreement between the parties.

### FOR FURTHER INFORMATION

Call 800-503-6494 (Continental US, Alaska and Hawaii only) or 206-452-2025, send e-mail to [registration@hccconferences.com](mailto:registration@hccconferences.com), or visit our website at [www.MedicalHomeSummit.com](http://www.MedicalHomeSummit.com).

**HOW TO REGISTER:** Fully complete the form on page 2 (one form per registrant, photocopies acceptable). Payment must accompany each registration (U.S. funds, payable to Health Care Conference Administrators, LLC).

ONLINE: Secure online registration at [www.MedicalHomeSummit.com](http://www.MedicalHomeSummit.com).

FAX: 206-319-5303 (include credit card information with registration)

MAIL: Conference Office, 22529 39th Ave SE, Bothell, WA 98021

FOR REGISTRATION QUESTIONS:

PHONE: 800-503-6494 (Continental US, Alaska and Hawaii only) or 206-452-2025, Monday-Friday, 7 AM - 5 PM PST

E-MAIL: [registration@hccconferences.com](mailto:registration@hccconferences.com)

# Medical Home Summit Registration

COMPLETE THE FOLLOWING. PLEASE PRINT CLEARLY:

NAME \_\_\_\_\_

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

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

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_

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

Special Needs (Dietary or Physical)

## ONSITE CONFERENCE ATTENDANCE

- MINI PRECONFERENCE I: Outcomes Measurement for Dummies** \$ 195
- MINI PRECONFERENCE II: NC Medicaid Medical Homes** \$ 195
- SUNDAY HEALTH POLICY BANQUET** (Capacity limited) \$ 145
- PRECONFERENCE I: Pediatric Medical Home Boot Camp** \$ 495
- PRECONFERENCE II: Accelerating the PCMH with Advanced IT** \$ 495

### CONFERENCE REGISTRATION (Does not include Preconference):

- Through Friday, December 30, 2011\* \$1,195
- Through Friday, January 27, 2012\*\* \$1,595
- After Friday, January 27, 2012 \$1,995

### SPECIAL PROVIDER RATE\*\*\*:

- Through Friday, December 30, 2011\* \$ 995
- Through Friday, January 27, 2012\*\* \$1,295
- After Friday, January 27, 2012 \$1,595

### SPECIAL ACADEMIC/GOVERNMENT RATE\*\*\*\*:

- Through Friday, December 30, 2011\* \$ 595
- Through Friday, January 27, 2012\*\* \$ 795
- After Friday, January 27, 2012 \$ 995

### MEDICAL HOME TRAINING PROGRAM \$ 395

(Includes preconference readings and questions, online course and post-conference online examination. Requires preconference & conference registration.)

### GROUP REGISTRATION DISCOUNT (Does not include Preconference):

Three or more registrations submitted from the same organization at the same time receive the following discounted rates for conference registration only. To qualify, all registrations must be submitted simultaneously:

#### Conference:

- Through Friday, December 30, 2011\* \$ 795
- Through Friday, January 27, 2012\*\* \$1,095
- After Friday, January 27, 2012 \$1,395

### SELECT YOUR MINI SUMMIT (Select one):

- MINI SUMMIT I:** Care Coordination and the Medical Neighborhood
- MINI SUMMIT II:** Patient Engagement
- MINI SUMMIT III:** Medical and Health Homes in the Safety Net

### CONFERENCE ELECTRONIC MEDIA:

Onsite Attendees — Following the Summit, the video and presentations are made available in the following formats. To take advantage of the discounted prices below, you must reserve media WITH your Summit registration:

- Flash Drive (\$99 + \$15 shipping) \$ 114
- 6 months' access on Web \$ 99

## MEDICAL HOME WEBINAR - STRENGTH OF EVIDENCE

- WEBINAR ON MEDICAL HOME STRENGTH OF EVIDENCE -**  
January 24, 2012 \$ 195

**CO-LOCATED CONFERENCE REGISTRATION:** Includes full conference (excluding preconferences), either online or onsite, for two co-located events (Medical Home Summit and Population Health and Care Coordination Colloquium). Sunday evening dinner is not available as an online event; those attending onsite **must register separately for the dinner** (see above).

<input type="checkbox"/> Through Friday, December 30, 2011*	\$1,795
<input type="checkbox"/> Through Friday, January 27, 2012**	\$2,195
<input type="checkbox"/> After Friday, January 27, 2012	\$2,595

## PAYMENT

Discount Code:

## TOTAL FOR ALL OPTIONS, ONSITE OR ONLINE:

Please enclose payment with your registration and return it to the Registrar at Medical Home Summit, 22529 39th Ave SE, Bothell, WA 98021, or fax your credit card payment to 206-319-5303.

You may also register online at [www.MedicalHomeSummit.com](http://www.MedicalHomeSummit.com).

- Check/money order enclosed (payable to Health Care Conference Administrators LLC)

- Payment by credit card:  American Express  Visa  Mastercard

If a credit card number is being given to hold registration only until such time as a check is received it must be so noted. If payment is not received by seven days prior to the Summit, the credit card payment will be processed. Credit card charges will be listed on your statement as payment to HCCA Conferences.

## ONLINE CONFERENCE ATTENDANCE

All online registrants are automatically registered for the preconference, conference and the Medical Home Training Program. This does not include the Sunday afternoon Mini Preconferences or the Sunday evening banquet. Online conference registration includes the live Internet feed from the Summit, plus six months of continued archived Internet access, available 24/7.

### INDIVIDUAL REGISTRATION (Includes preconference and conference):

- Through Friday, December 30, 2011\* \$ 795
- Through Friday, January 27, 2012\*\* \$1,095
- After Friday, January 27, 2012 \$1,395

### GROUP REGISTRATION:

Group registration offers the substantial volume discounts set forth below.

**All group registrants are enrolled in the preconference, conference and certificate program.**

Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track employee conference participation.

- Conference Access:**
- |  |  |
|--|--|
| <input type="checkbox"/> 5 or more \$595 each  | <input type="checkbox"/> 20 or more \$395 each |
| <input type="checkbox"/> 10 or more \$495 each | <input type="checkbox"/> 40 or more \$295 each |

See INTELLECTUAL PROPERTY POLICY, page 1.

### CONFERENCE ELECTRONIC MEDIA:

Online attendees — Following the Summit, the video and presentations are made available on a flash drive. To take advantage of the discounted price below, you must reserve media WITH your Summit registration:

- Flash Drive (\$99 + \$15 shipping) \$ 114

(All online attendees automatically receive 6 months access on web.)

### SPECIAL SUBSCRIPTION OFFER FOR BOTH ONSITE AND ONLINE ATTENDEES:

You can purchase an annual subscription to *Accountable Care News*, *Medical Home News* or *Predictive Modeling News* for only \$295 (regular rate \$468) when ordered with your conference registration.

- Accountable Care News* \$ 295
- Medical Home News* \$ 295
- Predictive Modeling News* \$ 295

\* This price reflects a discount for registration and payment received through Friday, 12/30/11.

\*\* This price reflects a discount for registration and payment received through Friday, 1/27/12.

\*\*\* Provider is a hospital, Long Term Care, home health, physician, or hospice organization or its association.

\*\*\*\* For the purpose of qualifying for the academic/government rates, "academic" shall apply to individuals who are full-time teaching staff at an academic institution (i.e. not an adjunct faculty member with a job elsewhere) or a full-time student at an academic institution (i.e. not with a full-time job elsewhere); and "government" shall apply to individuals who are full-time employees of federal, state or local regulatory agencies. This rate does not include the Preconference for onsite attendees.

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Registration (whether online or by this form) constitutes a contract and all of these terms and conditions are binding on the parties. In particular, these terms and conditions shall apply in the case of any credit/debit card dispute. For online and onsite registrants there will be no refunds for "no-shows" or cancellations.

ACCOUNT # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

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

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