

## 2016 Compliance Conference May 3 – 5, 2016 \* Atlanta, GA REGISTRATION

To pay by credit card, register online at www.hbma.org. To pay by check, please complete this form and mail your payment to HBMA. Member Organization \_\_\_\_\_ Member #: \_\_\_\_ CHBME: □Yes □ No Last Name First Name # of Full Time Employees: \_\_\_\_\_\_ Primary Specialty: \_\_\_\_\_ **Status of Your Compliance Program:** ☐ Beginning Stages ☐ Intermediate Stages ☐ Fully Implemented ■ Not Yet Started City: \_\_\_\_\_ State/Province: \_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Website: **Registration Fees:** \$1,295 HBMA member – form received on or before Friday April 29, 2016 \$1,495 HBMA member – form received after Friday April 29, 2016 \$1,595 Non-Member Registration - form received on or before Friday April 29, 2016 \$1,795 Non- Member Registration – form received after Friday April 29, 2016 The fee includes conference materials, breakfast and refreshments breaks, lunches, and receptions. Please complete the following: ☐ I am a new HBMA member. ☐ This is my first HBMA Conference ☐ # of Previous HBMA Compliance Conferences Attended \_\_\_\_\_\_Year of Last Program \_\_\_\_\_ ☐ I will attend the Tuesday Networking Reception ☐ I will attend the Wednesday Networking Reception ☐ I understand that full refund of the registration fee, less a \$150 administrative fee, will be granted only upon a written request received by HBMA on or before Monday, April 4, 2016. No refund will be made for registrants who do not show for the event. All sales are final after Monday 4<sup>th</sup>.

## **Payment Information:**

- ☐ Check Mail check made payable to HBMA with copy of registration form to:
  - HBMA, Lockbox # 779002, 350 East Devon Avenue, Itasca, IL 60143
- Credit Card For payment by credit card, please register online at www.hbma.org

For questions, contact your HBMA registration team at (202) 367-1173 or info@hbma.org.

☐ I have special needs, including dietary. Please describe: