

THE SEVENTH NATIONAL MEDICAID CONGRESS - ONSITE ATTENDANCE

1: PLEASE COMPLETE THE FOLLOWING PLEASE PRINT

NAME _____

SIGNATURE OF REGISTRANT - REQUIRED _____

JOB TITLE _____

ORGANIZATION _____

DEPARTMENT _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

FAX _____

E-MAIL _____

Special Needs (Dietary or Physical)

DISCOUNT CODE

2: REGISTRATION FEES

PRECONFERENCE REGISTRATION:

Preconference **\$495.00**

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

CONGRESS REGISTRATION (does not include precon)

- Medicaid Congress - Onsite (thru Friday 3/9/12*) **\$995.00**
- Medicaid Congress - Onsite (thru Friday 4/20/12**) **\$1,395.00**
- Medicaid Congress - Onsite (after Friday 4/20/12) **\$1,795.00**

SPECIAL ACADEMIC/GOVERNMENT RATE*** (does not include precon)

- Medicaid Congress- Onsite (thru Friday 3/9/12*) **\$795.00**
- Medicaid Congress - Onsite (thru Friday 4/20/12**) **\$995.00**
- Medicaid Congress - Onsite (after Friday 4/20/12) **\$1,195.00**

GROUP REGISTRATION RATE

Three or more registrations submitted at the same time receive the following discounted rates for conference registration only:

- Medicaid Congress- Onsite (thru Friday 3/18/11*) **\$795.00**
- Medicaid Congress - Onsite (thru Friday 5/6/11**) **\$1,195.00**
- Medicaid Congress - Onsite (after Friday 5/6/11) **\$1,595.00**

*This price reflects a discount for registration and payment received through Friday, Mar. 9, 2012.

**This price reflects a discount for registration and payment received through Friday, Apr. 20, 2012.

*** For the purpose of qualifying for the academic/government rates, "academic" shall apply to individuals who are full time teaching staff or students of an academic institution, and "government" shall apply individuals who are full time employees of federal, state or local regulatory agencies.

CONFERENCE ELECTRONIC MEDIA

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. Conference Audio/Video and Powerpoint on:

- Flash Drive (\$99 + \$15 shipping) **\$114.00**
- Web (6 month access) **\$99.00**

3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Congress 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.MedicaidCongress.com

Check/money order enclosed (checks payable to Healthcare Conference Administrators, LLC)

Credit card: American Express Visa MasterCard

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

ACCOUNT No. _____

NAME OF CARDHOLDER _____ EXP. DATE / _____

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: 800-503-8172 (Continental US, Alaska and Hawaii only) or 206-452-5522
Email: registration@hcconferences.com
(registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment by check (to The National Medical Home Summit), 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 800-503-8172 for further information.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Summit content via Internet access through the sharing of user names and passwords or via 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 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

TERMS AND CONDITIONS

The Summit 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

THE SEVENTH NATIONAL MEDICAID CONGRESS - ONLINE ATTENDANCE

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PLEASE PRINT

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JOB TITLE _____
ORGANIZATION _____
DEPARTMENT _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE _____
FAX _____
E-MAIL _____

Special Needs (Dietary or Physical)

DISCOUNT CODE

2: REGISTRATION FEES

CONGRESS REGISTRATION

Online conference registration includes the live Internet feed from the Congress, plus six months of continued archived Internet access, available 24/7.

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

- Medicaid Congress - Online (thru Friday 3/9/12*) **\$795.00**
 Medicaid Congress - Online (thru Friday 4/20/12**) **\$1,095.00**
 Medicaid Congress - Online (after Friday 4/20/12) **\$1,395.00**

SPECIAL ACADEMIC/GOVERNMENT RATE***

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3: GROUP REGISTRATION

Group registration offers the substantial volume discounts set forth below.

Please call 800-503-8172 for group registrations.

Group Conference Access:

- 5 or more **\$495.00**
- 10 or more **\$395.00**
- 20 or more **\$295.00**
- 40 or more **\$195.00**

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 Credit card: American Express Visa MasterCard

Amount Due (from No. 2 above)

TOTAL \$

ACCOUNT No. _____

NAME OF CARDHOLDER _____

EXP. DATE / _____

SIGNATURE OF CARDHOLDER _____

REGISTRANT SIGNATURE _____

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TERMS AND CONDITIONS

The Congress program is subject to change. An executed registration form constitutes binding agreement between the parties. For complete terms and conditions, refer to the Medicaid Congress registration page at www.MedicaidCongress.com/registration.html.