

THE 2017 ICHOM CONFERENCE - WEBCAST PARTICIPATION

1: PLEASE COMPLETE THE FOLLOWING

PLEASE PRINT

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

Special Needs (Dietary or Physical)

DISCOUNT CODE

2: REGISTRATION FEES

Webcast participation registration includes the live Internet feed from the Summit, plus six months of continued archived Internet access, available 24/7.

CONFERENCE REGISTRATION

CONFERENCE - STANDARD RATE

- | | |
|--|-----------------|
| <input type="checkbox"/> ICHOM Conference - Webcast (thru Fri 8/25/2017*) | \$795.00 |
| <input type="checkbox"/> ICHOM Conference - Webcast (thru Fri 9/22/2017**) | \$895.00 |
| <input type="checkbox"/> ICHOM Conference - Webcast (after Fri 9/22/2017) | \$995.00 |

3: GROUP REGISTRATION

Group registration offers the substantial volume discounts set forth below. Please call 800-684-4549 for group registrations.

Group Conference Access:

- | | |
|--------------|-----------------|
| • 5 or more | \$595.00 |
| • 10 or more | \$495.00 |
| • 20 or more | \$395.00 |
| • 40 or more | \$295.00 |

4: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Summit Registrar, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187 — or fax your credit card payment to 206-319-5303.

- 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 / _____

SECURITY CODE: _____

SIGNATURE OF CARDHOLDER _____

5: 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: 800-684-4549 (Continental US, Alaska and Hawaii only) or 206-629-2350
Email: registration@hcconferences.com
(registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment by check (to Health Care Conference Administrators), 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 1-800-684-4549 for further information.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Conference 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 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 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