

THE 2ND NATIONAL MACRA MIPS/APM SUMMIT - ONSITE ATTENDANCE

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

PRECONFERENCE REGISTRATION:

Preconference \$495.00

SUMMIT REGISTRATION (does not include preconference)

CONFERENCE - STANDARD RATE

MACRA Summit - Onsite (thru Fri 8/18/17*) \$1,195.00

MACRA Summit - Onsite (thru Fri 9/15/17**) \$1,595.00

MACRA Summit - Onsite (after Fri 9/15/17) \$1,995.00

CONFERENCE - PROVIDER RATE***

MACRA Summit - Onsite (thru Fri 8/18/17*) \$995.00

MACRA Summit - Onsite (thru Fri 9/15/17**) \$1,295.00

MACRA Summit - Onsite (after Fri 9/15/17) \$1,595.00

CONFERENCE - ACADEMIC/GOVERNMENT RATE****

MACRA Summit - Onsite (thru Fri 8/18/17*) \$595.00

MACRA Summit - Onsite (thru Fri 9/15/17**) \$795.00

MACRA Summit - Onsite (after Fri 9/15/17) \$995.00

CONFERENCE MULTIMEDIA (may only be purchased with full conference registration)

Flash Drive (\$129 + \$15 shipping) \$144.00

Online Access (6 mos. access) \$129.00

* This price reflects a discount for registration and payment received through Friday, Aug 18, 17.

** This price reflects a discount for registration and payment received through Friday, Sep 15, 17.

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

**** For the purpose of qualifying for a discounted rate: (1) "academic" shall apply to individuals who are full time teaching staff or full time students at an academic institution (i.e., a faculty member at a medical school or hospital residency program who also sees patients is a provider, not an academic); (2) "government" shall apply to individuals who are full time employees of federal, state or local regulatory agencies (i.e., a State university health system or local public hospital is a provider, not government); and (3) "clinic" shall apply to individuals who are full time employees of a Federally Qualified Health Center or safety net clinic. This rate does not include the Preconference for onsite attendees.

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.

You may also register online at www.APMSummit.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 / _____ SECURITY CODE: _____

SIGNATURE OF CARDHOLDER _____

REGISTRANT SIGNATURE _____

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: 800-503-7414

(Continental US, Alaska and Hawaii only) or 206-452-5612

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 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.