

## Negotiation Tips + Tricks (budget + contract)

January 9, 2019 | 12:00 PM CT (90 min.) | earn 1.2 CCB CEUs\*

12:00 PM Central / 1:00 PM Eastern / 11:00 AM Mountain / 10:00 AM Pacific / 9:00 AM Alaska / 8:00 AM Hawaii-Aleutian

QUESTIONS: [liz.ray@corporatecompliance.org](mailto:liz.ray@corporatecompliance.org)



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- Setting the stage for efficient negotiation- save time, save money, reduce risk
- Don't budget more, budget smart: Create financial success with smart payment terms, not by increasing fees
- Finding sponsor payment obligations in the CTA and avoiding disputed payments through clear CTA payment language



**HCCA**<sup>™</sup>  
Health Care Compliance  
Association

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\*subject to change depending on  
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# An HCCA Web Conference

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Registration fees are as listed and considered net of any local withholding taxes applicable in your country of residence.	MEMBERS	NON-MEMBERS	SUBSCRIPTION*	SUBTOTAL
<input type="checkbox"/> Live program	\$99	\$119	<input type="checkbox"/>	
<input type="checkbox"/> Post-session recording	\$99	\$119	<input type="checkbox"/>	
<input type="checkbox"/> BOTH live program and post-session recording (just \$60 extra)	\$159	\$179	<input type="checkbox"/>	
<input type="checkbox"/> Join HCCA! Non-members, add \$200 to join HCCA, and receive member rates! (regularly \$295/year) (First time members only)		\$200		
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First Name M.I. Last Name

Title

Place of Employment

Street Address (NO PO BOX NUMBERS)

City State Zip

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Fax

Email (required for registration confirmation)

Assistant's Email (registration and dial-in information will be copied to this email)

### PAYMENT OPTIONS

Check enclosed

Invoice me | Purchase Order Number \_\_\_\_\_

I authorize HCCA to charge my credit card (choose below)

Due to PCI Compliance, please do not provide any credit card information via email. You may email this form (without credit card information) and call HCCA at 888-580-8373 or 952-988-0141 with your credit card information.

CREDIT CARD:  American Express  MasterCard  Visa  Discover

Credit Card Account Number

Credit Card Expiration Date

Cardholder's Name

Cardholder's Signature

### SEND YOUR REGISTRATION

EMAIL: [helpsteam@hcca-info.org](mailto:helpsteam@hcca-info.org)

FAX: 952-988-0146

MAIL: HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435

**REGISTRATION PAYMENT TERMS:** Checks are payable to HCCA. Credit cards accepted: American Express, MasterCard, Visa, or Discover. HCCA will charge your credit card the correct amount should your total be miscalculated. If you wish to pay using wire transfer funds, please email [helpsteam@hcca-info.org](mailto:helpsteam@hcca-info.org) for instructions.

**CANCELLATIONS/SUBSTITUTIONS:** You may send a substitute in your place or request a conference credit. Refunds will not be issued. Conference credits are issued in the full amount of the registration fees paid, and will expire 12 months from the date of the original, cancelled event. Conference credits may be used toward any HCCA service or product, except The Health Care Compliance Professional's Manual. If a credit is applied toward an event, the event must take place prior to the credit's expiration date. If you need to cancel your participation, notification is required by email, sent to [helpsteam@hcca-info.org](mailto:helpsteam@hcca-info.org), prior to the start date of the event. Please note that if you are sending a substitute, an additional fee may apply.

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## REGISTER ONLINE AT [hcca-info.org](http://hcca-info.org)

NO AUDIO OR VIDEO RECORDING OF HCCA CONFERENCES IS ALLOWED.

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