

## Eliminating Kickbacks in Recovery Act (EKRA)

March 5, 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)



**ROBERT E. MAZER**

Shareholder

Baker, Donelson, Bearman,  
Caldwell & Berkowitz

- Application of EKRA to laboratories, recovery homes, and clinical treatment facilities
- Impact of EKRA on sales and marketing arrangements and other common business practices
- EKRA penalties and compliance strategies

# An HCCA Web Conference

## Eliminating Kickbacks in Recovery Act (EKRA)

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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)		\$220		
			TOTAL	

Recordings will be emailed 1-3 business days after the initial air date. CD-ROM recordings available upon special request.

\*One session will be deducted from your prepaid subscription package for each option chosen. If you choose the live event + post-session recording, two sessions will be deducted. Visit [hcca-info.org/subscribe](http://hcca-info.org/subscribe) for more information.

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### CONTACT INFORMATION (PLEASE TYPE OR PRINT)

Mr.  Mrs.  Ms.  Dr.

HCCA Member ID

First Name M.I. Last Name

Title

Place of Employment

Street Address (NO PO BOX NUMBERS)

City State Zip

Telephone

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: [helpteam@hcca-info.org](mailto:helpteam@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 [helpteam@hcca-info.org](mailto:helpteam@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 [helpteam@hcca-info.org](mailto:helpteam@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.

**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.

**USE OF INFORMATION:** By submitting this registration form, you agree to the use of your information and the terms and conditions stated on this form. To view our Privacy Statement visit [hcca-info.org/privacy.aspx](http://hcca-info.org/privacy.aspx).

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

NO AUDIO OR VIDEO RECORDING OF HCCA CONFERENCES IS ALLOWED.

Health Care Compliance Association  
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888-580-8373 (p) | 952-988-0146 (f)  
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