

# Clinical Practice Compliance Conference

October 26–27, 2020 • VIRTUAL CONFERENCE

## Contact Information

☐ Mr ☐ Mrs ☐ Ms ☐ Dr

Member/Account ID (if known)

First Name MI Last Name

Credentials (CHC, CCEP, etc.)

Job Title

Organization (Name of Employer)

Street Address

City/Town State/Province

Zip/Postal Code Country

Work Phone

Email (required)

## Acknowledgements

By submitting this registration, you agree to the full Terms and Conditions, including the use of your information, viewable at [hcca-info.org/conferences/national/2020-clinical-practice-compliance-conference/terms-conditions](https://hcca-info.org/conferences/national/2020-clinical-practice-compliance-conference/terms-conditions).

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This virtual conference registration form allows only the registered attendee to stream, participate, and earn CEUs for the conference. If a second person would like to join, they must register themselves and have their own unique login to participate.

**Photo/Video Release:** By registering for this event, I grant HCCA, or anyone authorized by HCCA, the right to use or publish in print or electronic format, any photographs or video containing my image or likeness for educational, news, or promotional purposes, without compensation.

## Registration Fees

<input type="checkbox"/> Sponsor: Full Conference Registration	\$295
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## Payment

Online registration at [hcca-info.org/2020clinical](https://hcca-info.org/2020clinical)

Mail this form to HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435-2358

Fax this form to 952.988.0146

Email this form to [helpteam@hcca-info.org](mailto:helpteam@hcca-info.org) — Due to PCI compliance, do not provide credit card information via email. You may email this form (without credit card information), then call HCCA at 888.580.8373 with payment information.

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