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# **COVID-19 Essentials** VIRTUAL CONFERENCE **for Healthcare Compliance Programs**

## Session Recordings

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# Session Recordings

COVID-19 Essentials for Healthcare Compliance Programs • January 7, 2021

## 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

The online learning format requires an internet connection.

Purchased recordings are for individual use only and may not be rebroadcast, shared, or disseminated. For permission to share the purchased recordings ("Online learning: all recorded sessions" only) within your organization, select the multi-user licensing option.

Session availability is subject to change. Please call 888.580.8373 with any questions.

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TOTAL \$ \_\_\_\_\_

## Payment

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