

**VIRTUAL** 

Register by August 21 to SAVE





Are you
up to date on
the latest best practices
for compliance management
in a clinical setting? Join us in October
to hear from experienced professionals about the

latest government initiatives related to physicians & clinics,

documentation, billing & coding, and physician integrity.

**Learn more** 

hcca-info.org/2024clinicalpractice



## **Clinical Practice Compliance Conference**



## October 15-16, 2024 • Virtual • Central Time

SECTION 1 Attendee Information • or click I	pere to rea	aister an	d nav online
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O Mr O Mrs O Ms O Dr O Other			
First Name	MI	La	ast Name
Credentials (CHC, CCEP, etc.)	Job Title _		
Organization (name of employer)			
			City/Town
State/Province Zip/Postal Code			Country
Work Phone Email (required) _			
SECTION 2 Registration			
Options	On/Before 8/21/24	After 8/21/24	<b>Group Discount:</b> Registration for group discounts should be submitted online in one transaction.
Member	\$495	\$595	If your registrations include a Registration + First-Time Membership, please contact Member Services for assistance. Note that discounts will not be applied retroactively if more registrants are added
☐ Non-Member	\$645	\$745	at a later date, but new registrants will receive the group discount. If submitting via email or mail,
Registration + First-Time Membership	\$720	\$820	registration forms (one for each participant) must be sent together to ensure the discount is applied.
*Save by joining today (first-time members only). Dues renew at \$325.			HCCA Membership: By selecting Registration + First-Time Membership, you agree to the
Group Discount			full membership terms and conditions, including the use of your information, viewable at hcca-info.org/membership-terms-and-conditions. Visit hcca-info.org/privacy to see the
Group Discount for 3–9"		(\$50)	full use of your information or to opt out.
Group Discount for 10 or More**		(\$100)	Opt Out: Select if you would like to opt out of the following:
**Subtract the discount amount from your registration price.		(, ,	☐ Online Member Directory: HCCA's member directory lists first and last name,
TOTAL (BEFORE ANY APPLICABLE TAXES) \$			organization, title, address, and phone number.
			<b>Registration FAOs:</b> Visit hcca-info.org/faqs-national-virtual for answers to frequently asked questions (FAOs) about your registration.
SECTION 3 Payment			
Register online with credit card payment at hcca-info.org/2024clinicalpractice			
Mail a check to HCCA, 6462 City West Parkway, Eden Prairie, MN 55344 USA (contact HCCA for applicable tax and total)			
☐ Invoice me Purchase Order Number (attach PO)			
☐ Wire transfer requested			
To register with a check, wire transfer, or purchase order, or to pay with a credit card over the phone, please contact HCCA for an invoice with applicable taxes. Due to PCI compliance, do not provide credit card information via email.			
Registration is not complete until full payment is received. Tax may apply. Access to the event will not be allowed until all fees have been paid. HCCA reserves the right to cancel your registration if we do not receive payment by the start date of the event. Payments received with incorrect amounts will be returned.			
Email helpteam@hcca-info.org or call HCCA at 952.988.0141 or 888.580.8373.			
SECTION 4 Acknowledgements			

By submitting this registration, you agree to the full event Terms and Conditions, viewable at hcca-info.org/event-terms-and-conditions, including the use of your information that may be shared with conference exhibitors, attendees, speakers, affiliates, and partners for promotional and/or networking purposes. Visit hcca-info.org/privacy to see the full use of your information or to opt out.

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