

# HCCA Managed Care Compliance Conference

January 26–29, 2020 • Hilton Orlando Lake Buena Vista – Disney Springs™ Area • Lake Buena Vista, FL

## 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)

## Dietary Needs Request

Dairy Free  Gluten Free  Kosher  Vegetarian  Vegan

Other \_\_\_\_\_

## Acknowledgements

By submitting this registration, you agree to the full Terms and Conditions, including the use of your information, viewable at [hcca-info.org/2020managedcare](http://hcca-info.org/2020managedcare).

Your information (postal address) may be shared with conference exhibitors, attendees, speakers, affiliates, and partners for marketing and/or networking purposes. To see the full use or if you wish to opt-out, visit [hcca-info.org/privacy](http://hcca-info.org/privacy).

By participating in an HCCA conference, you grant HCCA, or anyone authorized by HCCA, the right to use or publish in print or electronic medium any photograph or video containing your image or likeness for educational, news, or promotional purposes without compensation.

## Registration Fees

<input type="checkbox"/>	Sponsor – Complimentary “Full Conference” Registration	FREE
<input type="checkbox"/>	Exhibitor – Discounted “Full Conference” Registration	\$450

## Session Selections

Visit [hcca-info.org/2020managedcare](http://hcca-info.org/2020managedcare) to choose your sessions, update your conference badge, and see our on-site attendee networking opportunities. If you do not select your sessions online, please write them in the form below. Your selections will be used to assist us in planning. You are not obligated to attend the sessions you select. Session selection is not available for discussion groups.

SUNDAY (pre-conference)		MONDAY		TUESDAY	
8:00 AM		9:45 AM		10:45 AM	
9:45 AM		11:00 AM		12:45 PM	
12:30 PM		1:15 PM		2:00 PM	
2:15 PM		2:30 PM		3:15 PM	
4:00 PM					

## Payment

**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.

- Invoice me
- Check enclosed (payable to HCCA)
- Wire transfer requested
- Credit card: I authorize HCCA to charge my:
- Visa  MasterCard  Discover  American Express

\_\_\_\_\_  
 Credit Card Account Number

\_\_\_\_\_  
 Credit Card Expiration Date

\_\_\_\_\_  
 Cardholder Name

\_\_\_\_\_  
 Cardholder Signature