

DC HEALTHCARE INNOVATION WEEK - PLATINUM PASS REGISTRATION

1: PLEASE COMPLETE THE FOLLOWING

PLEASE PRINT

NAME _____
SIGNATURE OF REGISTRANT - REQUIRED _____
JOB TITLE _____
ORGANIZATION _____
DEPARTMENT _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE _____
FAX _____
E-MAIL _____

Special Needs (Dietary or Physical)

DISCOUNT CODE

2: REGISTRATION FEES

DC HEALTHCARE INNOVATION WEEK CORE EVENT PLATINUM PASS

Includes full conference (including preconferences), both onsite and webcast (live and archived for 6 months), for three co-located events (Third National Bundled Payment Summit, National Healthcare Innovation Summit and Fourth National Accountable Care Organization (ACO) Summit)

- 3 Conference Package - Onsite (thru Friday 4/12/13*) **\$2,995.00**
 3 Conference Package - Onsite (thru Friday 5/10/13**) **\$3,495.00**
 3 Conference Package - Onsite (after Friday 5/10/13) **\$3,995.00**

*This price reflects a discount for registration and payment received through Friday, Apr. 12, 2013.
**This price reflects a discount for registration and payment received through Friday, May 10, 2013.
*** For the purpose of qualifying for the academic/government rates, "academic" shall apply to individuals who are full time teaching staff or students of an academic institution, and "government" shall apply individuals who are full time employees of federal, state or local regulatory agencies.

3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Summit Registrar, 22529 39th Ave SE, Bothell, WA 98021 — or fax your credit card payment to 206-319-5303.

You may also register online at www.HealthcareInnovationWeek.com

- Check/money order enclosed (checks payable to Health Care Conference Administrators, LLC)
 Credit card: American Express Visa MasterCard

Amount Due (from No. 2 above)

TOTAL \$

ACCOUNT No. _____

NAME OF CARDHOLDER _____ EXP. DATE / _____

SIGNATURE OF CARDHOLDER _____

REGISTRANT SIGNATURE _____

4: OTHER INFORMATION

We cannot guarantee your attendance or issuance of a letter confirming attendance unless payment is received with your registration.

For Registration Questions: Phone: 800-503-3597 (Continental US, Alaska and Hawaii only) or 206-452-5530
Email: registration@hcconferences.com
(registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment by check (to Health Care Conference Admin, LLC), MasterCard, Visa or American Express. A \$30 fee will be charged on any returned checks. Groups: Have registration and credit card information for each person. List all group members on FAX cover sheet.

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. Federal Tax ID: 91-1892021.

CANCELLATIONS/SUBSTITUTIONS

For onsite registrants there will be no refunds for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 800-503-3597 for further information.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Summit(s) content via Internet access through the sharing of user names and passwords or via alternative media (Flash Drive) through the sharing of said media is restricted by law and may subject the copyright infringer to substantial civil damages. The Summit(s) aggressively pursues copyright infringers.

If a registrant needs the ability to share Summit(s) content within his or her organization, multiple registrations are available at discounted rates.

The Summit(s) will pay a reward for information regarding unauthorized sharing of Summit(s) content. The reward will be 25% of any recovery resulting from a copyright infringement (less legal fees and other expenses related to the recovery) up to a maximum reward payment of \$25,000. The payment will be made to the individual or individuals who in the opinion of our legal counsel first provided the factual information, which was necessary for the recovery.

TERMS AND CONDITIONS

The Summit(s) program is subject to change. An executed registration form constitutes binding agreement between the parties.

How did you learn about this conference?

- Brochure Magazine Ad Friend/Colleague E-mail Notice