

Fraud and Compliance Forum Registration Form

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To register: Remit payment and completed registration form by mail to the American Health Lawyers Association • P.O. Box 79340 • Baltimore, MD 21279-0340 or fax with credit card information to (202) 775-2482. To register by phone call (202) 833-1100, prompt #2. If any program is over-subscribed, only AHLA members will be placed on a waiting list. On-site registrations will be accepted on a space-available basis only.

Name: _____ AHLA ID #: _____

First Name for Badge (if different than above): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP+ 4: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail: _____

Spouse/Guest Name _____

Early Registration Fees (faxed/postmarked and paid on or before September 13, 2016):

AHLA/NAMFCU Members: \$825 **Non-Members:** \$1075

Multi-Member Discount: \$750 each additional AHLA member registering from same organization at same time on the same check or credit card payment

In-House Counsel/Compliance Officer: \$725 AHLA Members \$975 Non-Members

Multi-Member In-House Counsel/Compliance Officer: \$650 each additional AHLA member registering from same organization at same time on the same check or credit card payment

Registration Fees (faxed/postmarked and paid after September 14, 2016):

AHLA/NAMFCU Members: \$950 **Non-Members:** \$1200

Multi-Member Discount: \$875 each additional AHLA member registering from same organization at same time on the same check or credit card payment

In-House Counsel/Compliance Officer: \$850 AHLA Members \$1100 Non-Members

Multi-Member In-House Counsel/Compliance Officer: \$775 each additional AHLA member registering from same organization at same time on the same check or credit card payment

I will require: audio visual mobility other assistance _____

I have special dietary needs _____

PAYMENT INFORMATION

Please fill in applicable amount: (Sorry! Registrations cannot be processed unless accompanied by payment.)

\$ _____ Registration Fee

\$ _____ Spouse/Guest Fee (\$30)

\$ _____ Total Enclosed

Check enclosed (Make checks payable to American Health Lawyers Association)

Bill my credit card:     Diners Club

Number: _____ Exp. Date: /

Name of Cardholder: _____

Signature of Cardholder: _____

ZIP Code of Cardholder's Billing Address _____

Please Note: Should your credit card total be miscalculated, AHLA will charge your credit card for the correct amount. To receive a refund of the registration fee paid minus \$125, cancellation notice must be received in writing by September 26, 2016.

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