

# HEALTH INNOVATION WEEK - PLATINUM PASS

## INCLUDES ATTENDANCE TO:

- Regional Extension Center (REC) & Health Information Exchange (HIE) Summit West
- Electronic Health Records (EHR) Summit West
- Fourth HIPAA Summit West
- HealthCampSFBay
- Health 2.0

### 1: PLEASE COMPLETE THE FOLLOWING

PLEASE PRINT

NAME \_\_\_\_\_

SIGNATURE OF REGISTRANT - REQUIRED \_\_\_\_\_

JOB TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX - Please include fax number if you wish to receive a confirmation letter. \_\_\_\_\_

E-MAIL \_\_\_\_\_

Special Needs (Dietary or Physical) \_\_\_\_\_

DISCOUNT CODE

### 2: REGISTRATION FEES

Payment must be received with registration to qualify for early registration discount.

#### PLATINUM PASS REGISTRATION

- Five Event Pass - Onsite (thru Friday 8/6/10\*) **\$2,395.00**
- Five Event Pass - Onsite (thru Friday 9/3/10\*\*) **\$2,695.00**
- Five Event Pass - Onsite (after Friday 9/3/10) **\$2,995.00**

\*This price reflects a discount for registration and payment received through Friday, Aug. 6, 2010.

\*\*This price reflects a discount for registration and payment received through Friday, Sep. 3, 2010.

### 3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Congress 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.HealthInnovationWeek.com](http://www.HealthInnovationWeek.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 \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

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) 864-5425 (Continental US, Alaska and Hawaii only) or (206) 452-0600  
Email: [registration@hccconferences.com](mailto:registration@hccconferences.com)  
(registration is not available by phone or email)

### PLATINUM PASS TERMS AND CONDITIONS

1. There are only a limited number of Platinum Passes available. The Parties offering the Platinum Pass registration option reserve the right to discontinue the offer at any time.
2. Platinum Pass registrants will receive registration confirmation from the respective Platinum Pass events. All registration questions should be directed to the respective Platinum Pass events.
3. With regard to Platinum Pass registration for the HIPAA Summit, REC/HIE Summit and EHR Summit, the following apply:
  - A. Platinum Pass registration includes onsite (and not online) attendance at these events, and
  - B. Platinum Pass registration includes attendance of the Summits only and not the pre and post conference sessions which can be registered for separately.
4. The Congress program is subject to change. An executed registration form constitutes binding agreement between the parties.

### 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) 864-5425 for further information.

### How did you learn about this conference?

- Brochure
- Magazine Ad
- Friend/Colleague
- E-mail Notice