

HFMA'S 2010 ANNUAL NATIONAL INSTITUTE EXHIBITOR DISCOUNT REGISTRATION FORM

DEADLINE: JUNE 4 FOR EACH 10X10 BOOTH SPACE RENTED, YOUR COMPANY IS ENTITLED TO PURCHASE ONE DISCOUNTED REGISTRATION TO THE EDUCATION ANI PORTION SOURCE CODE#: 10ANIEXHIBIT

1. HFMA BADGE INFORMATION (please print clearly)

Member # _____ (optional) Non-Member This is my: Business Home Nickname for Badge _____

 First Name/Middle Initial/Last Name Address (No P.O. Boxes Please) _____

 Job Title Employer City/State/Zip Code _____

 Telephone Cell Phone E-mail Address Alternate E-mail Address _____

2. SELECT YOUR PROGRAM PACKAGE

<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Conference (Early Bird Pricing) Includes all receptions; Keynote Addresses; Breakout Sessions M-W; M-W lunches; Wednesday's Chair's Reception and Banquet and M-Tu Exhibit Hall Sessions.</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> \$ 448</td> </tr> <tr> <td>Preconference Seminar or Two Preconference Workshops Includes Sunday lunch.</td> <td style="text-align: right;"><input type="checkbox"/> \$ 263</td> </tr> <tr> <td>One Preconference Workshop Does not include Sunday lunch.</td> <td style="text-align: right;"><input type="checkbox"/> \$ 138</td> </tr> <tr> <td>Single Day Includes lunch and two Exhibit Hall Sessions. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday</td> <td style="text-align: right;"><input type="checkbox"/> \$ 263</td> </tr> </table> <p><small>*If you are new to HFMA, this registration includes a membership with the HFMA. <input type="checkbox"/> NO Thanks.</small></p>	Conference (Early Bird Pricing) Includes all receptions; Keynote Addresses; Breakout Sessions M-W; M-W lunches; Wednesday's Chair's Reception and Banquet and M-Tu Exhibit Hall Sessions.	<input type="checkbox"/> \$ 448	Preconference Seminar or Two Preconference Workshops Includes Sunday lunch.	<input type="checkbox"/> \$ 263	One Preconference Workshop Does not include Sunday lunch.	<input type="checkbox"/> \$ 138	Single Day Includes lunch and two Exhibit Hall Sessions. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	<input type="checkbox"/> \$ 263	<p>If additional tickets are needed beyond the conference package, indicate below.</p> <p> <input type="checkbox"/> Sunday Welcome Reception _____ tickets @ \$ 65 \$ _____ <input type="checkbox"/> Chair's Banquet _____ tickets @ \$ 95 \$ _____ <input type="checkbox"/> Exhibit Hall Sessions _____ tickets @ \$ 35 \$ _____ <input type="checkbox"/> Mon. Lunch <input type="checkbox"/> Mon. Reception <input type="checkbox"/> Tues. Lunch <input type="checkbox"/> Tues. Reception <small>(Note: A separate ticket is required to attend each of the four sessions.)</small> </p> <p>Additional Events</p> <p>These tickets are not included in any program package. If you wish to participate in these events, please check the appropriate box below.</p> <p>Forum Members - Only Breakfast FREE!</p> <p>These breakfasts will be held Monday, June 21 at 7:00-7:50 am.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> CFO Forum</td> <td><input type="checkbox"/> Revenue Cycle Forum</td> </tr> <tr> <td><input type="checkbox"/> Medicare Payment Forum</td> <td><input type="checkbox"/> Managed Care Forum</td> </tr> <tr> <td><input type="checkbox"/> Healthcare Compliance Forum</td> <td><input type="checkbox"/> Physician Alignment Forum</td> </tr> </table> <p>Golf Outing</p> <p> <input type="checkbox"/> FREE for Providers <input type="checkbox"/> \$225 for Vendors \$ _____ <small>Golfers responsible for clubs</small> </p>	<input type="checkbox"/> CFO Forum	<input type="checkbox"/> Revenue Cycle Forum	<input type="checkbox"/> Medicare Payment Forum	<input type="checkbox"/> Managed Care Forum	<input type="checkbox"/> Healthcare Compliance Forum	<input type="checkbox"/> Physician Alignment Forum
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HFMA's 2010 Annual National Institute
Exhibitor Discount Registration Form

3. CERTIFICATION EVENTS

<p>National Coaching Courses (includes lunch):</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">With Self Study*</td> <td style="width: 20%; text-align: center;">Using Own Self Study</td> </tr> <tr> <td>Core Review Course (Saturday)</td> <td style="text-align: center;"><input type="checkbox"/> \$ 695</td> <td style="text-align: center;"><input type="checkbox"/> \$ 400</td> </tr> <tr> <td>Specialty Review Course (Sunday)</td> <td style="text-align: center;"><input type="checkbox"/> \$ 695</td> <td style="text-align: center;"><input type="checkbox"/> \$ 400</td> </tr> </table> <p>Select only one specialty review course: <input type="checkbox"/> Accounting and Finance <input type="checkbox"/> Patient Financial Services <small>*Books shipped prior to ANI; cost includes shipping.</small> </p>		With Self Study*	Using Own Self Study	Core Review Course (Saturday)	<input type="checkbox"/> \$ 695	<input type="checkbox"/> \$ 400	Specialty Review Course (Sunday)	<input type="checkbox"/> \$ 695	<input type="checkbox"/> \$ 400	<p>Certification Exams (\$150 each):</p> <p> <input type="checkbox"/> Core Exam (allow 4 hours) <input type="checkbox"/> Specialty Exam (allow 2 hours each) <input type="checkbox"/> Accounting and Finance <input type="checkbox"/> Patient Financial Services <input type="checkbox"/> Managed Care <input type="checkbox"/> Physician Practice Management </p> <p>HFMA will contact you to schedule exams. Exams available only on Monday, 7:00 am-5:00 pm.</p>
	With Self Study*	Using Own Self Study								
Core Review Course (Saturday)	<input type="checkbox"/> \$ 695	<input type="checkbox"/> \$ 400								
Specialty Review Course (Sunday)	<input type="checkbox"/> \$ 695	<input type="checkbox"/> \$ 400								

4. TOTAL YOUR FEES

TOTAL \$ _____

Check enclosed (payable to HFMA Educational Foundation) or charge my: VISA MasterCard American Express Discover

Card Number	Expiration Date	Cardholder's Name	Cardholder's Signature
_____	_____	_____	_____

5. COURSE SELECTION

	Sunday (PCS) (8am-5pm)	Sunday (PCW) (8-11:30am)	Sunday (PCW) (1-4:30pm)	Monday (A) (10-11:15am)	Monday (B) (2:45-4pm)	Tuesday (ER) (7-7:50am)	Tuesday (C) (10-11:15am)	Tuesday (D) (2:45-4pm)	Wednesday (ER) (7-7:50am)	Wednesday (E) (10-11:15am)	Wednesday (F) (1:45-3pm)	Wednesday (H) (3:15-4:30pm)
1st Choice	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2nd Choice	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

6. RETURN THIS FORM

By Mail: HFMA Dept. 77-6063; Chicago, IL 60678-6063 **By Fax:** (708) 531-0665 Attn: MSC **By Phone:** (800) 252-4362, extension 2

Please check if you require any special accessibility or accommodations and a member of the HFMA staff will contact you after receiving your registration.