

NATIONAL PRIMARY CARE TRANSFORMATION SUMMIT

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 _____

2: REGISTRATION FEES

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

STANDARD RATE

- Transparency Summit - Webinar (thru Fri 5/27/2022*) **\$895.00**
- Transparency Summit - Webinar (thru Fri 6/24/2022**) **\$995.00**
- Transparency Summit - Webinar (after Fri 6/24/2022) **\$1,095.00**

PRIMARY CARE RATE***

- Transparency Summit - Webinar (thru Fri 5/27/2022*) **\$595.00**
- Transparency Summit - Webinar (thru Fri 6/24/2022**) **\$695.00**
- Transparency Summit - Webinar (after Fri 6/24/2022) **\$795.00**

SPECIAL ACADEMIC/GOVERNMENT/CLINIC RATE****

- Transparency Summit - Webinar (thru Fri 5/27/2022*) **\$395.00**
- Transparency Summit - Webinar (thru Fri 6/24/2022**) **\$495.00**
- Transparency Summit - Webinar (after Fri 6/24/2022) **\$595.00**

3: GROUP REGISTRATION RATES:

Group registration offers the substantial volume discounts set forth below. Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track employee conference participation. Rates are per person.

- 3 or more **\$495.00**
- 6 or more **\$395.00**
- 9 or more **\$295.00**

*This reflects a discount for registration and payment received through Fri, May 27, 2022.

**This reflects a discount for registration and payment received through Fri, June 24, 2022.

*** For the purpose of qualifying for the primary care rates, "primary care" shall apply to individuals who are primary care physician (general practitioner, family physician, general internal medicine and pediatrics), a physician assistant, a nurse practitioner, or other licensed clinical professional primarily engaged in primary care practice.

**** For the purpose of qualifying for a discounted rate: (1) "academic" shall apply to individuals who teach full time or are full time students at an academic institution (i.e., a faculty member at a medical school or hospital residency program who also sees patients is a provider, not an academic); (2) "government" shall apply to individuals who are full time employees of federal, state or local regulatory agencies (i.e., a State university health system or local public hospital is a provider, not government); and (3) "clinic" shall apply to individuals who are full time employees of a Federally Qualified Health Center or safety net clinic.

4: SUMMIT ELECTRONIC MEDIA

Onsite attendees - to get this discounted price, you must purchase media WITH your full summit registration.

- Flash Drive (price includes \$15 shipping) **\$144.00**

5: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Health Care Conference Administrators, c/o Affinity Group, 12320 NE 8th Street, Suite 200, Bellevue, WA 98005-3187— or fax your credit card payment to 206-319-5303.

You may register online at

www.PrimaryCareTransformationSummit.com

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

Discount Code: _____

Amount Due (from No. 2-3 above) **TOTAL \$** _____

ACCOUNT No. _____

NAME OF CARDHOLDER _____ EXP. DATE / _____

SIGNATURE OF CARDHOLDER _____ SECURITY _____

CODE: _____

REGISTRANT SIGNATURE _____

6: 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: 800-503-7414 (Continental US, Alaska and Hawaii only) or 206-452-5612
Email: registration@hcconferences.com
(registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment by check (to The National Transparency Summit), 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.

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 800-503-7414 for further information.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Summit 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 aggressively pursues copyright infringers.

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

The Summit will pay a reward for information regarding unauthorized sharing of Summit content. The reward will be one quarter (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. If you have knowledge regarding the unauthorized Summit content sharing, contact the registration office.

TERMS AND CONDITIONS

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