AHIMA
ATTENDEE REGISTRATION FORM
PRODUCT CODE 16LTPAC06
Long Term and Post Acute Care HIT Summit
Month June 26-28, 2016
Meeting City: RESTON, VA   Online Registration Close Date: June 21, 2016

LONG-TERM and POST-ACUTE CARE
LTPAC HIT
Health IT Summit ■ www.ahima.org/ltpacsummit

Attendee Information		
AHIMA ID:		☐ I do not have an AHIMA ID.
This registration is for:	☐ myself	☐ on behalf of someone else
First Name:	Middle Initial:	Last Name:
Title:		Employer:
Badge/Nickname-Informal Name:		
Email address:		
☐ I do not wish for my information (email or otherwise) to be shared with others.		
Primary Phone:	Cell Phone:	

Additional Attendee Information		
Emergency Contact Name:		Relationship:
Emergency Contact Telephone:		This number is: ☐ Cell ☐ Work ☐ Home
☐ I am in need of auxiliary services or aides for as defined in the Americans with Disabilities Act.		
If you have checked this box, Please identify your audio/visual, speech, mobility needs, or considerations for chronic conditions, so that we may assist you when arrive on site.		

Billing & Shipping Info	Billing Address:	Shipping Address: *PO BOXES NOT ACCEPTED*
Street Address Line 1:		
Street Address Line 2:		
City:		
State:		
Zip + 4:		
Country Code:		

Meeting Order Information: *Food may be served at this meeting. If you have dietary restrictions, please contact the meetings department: meetings@ahima.org*	**Register for the <u>CMS/ IMPACT ACT Session</u> Only – Sunday, June 26th** ☐**Complimentary** **Register for CMS/ IMPACT ACT Session and LTPAC SUMMIT** ☐ *Early bird: $495.00 | ☐ **Regular registration: $595.00 **Register for LTPAC SUMMIT Only** ☐ *Early bird: $495.00 | ☐ **Regular registration: $595.00 *Early bird is registration received** on or before May 26, 2016: **$495** ***Extended to June 6!*** **Regular is registration received after** May 26, 2016: **$595** ***After June 6!***

Payment Information				
Credit Card:	☐ VISA	☐ MASTERCARD	☐ AMEX	☐ DISCOVER
Any credit card order may be placed with our customer relations department at 800-335-5535. They will ask you for the following information:				
Name on Card:				
Card Number:				

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Expiration Date:			Security Code:	
Approved Amount:		Cardholder Signature:		

You may also fax your credit card order to our secure fax line at: 312-233-1500.

Other Payment Methods for:

☐Check:	Check Amount:

Make check payable to AHIMA. *Mail check to AHIMA, Department 77-6331, Chicago, IL 60678-6331*
Please note the meeting code and the attendee's AHIMA number on the memo line.

Purchase and Attendance Policies

Payment in full is required before arriving onsite. AHIMA is committed to supporting our customer's ability to pay using purchase orders. However, all programs must be paid in full prior to the first day of the program. *Individuals using purchase orders where payment has not processed by the first day of the program will need to provide a valid credit card to AHIMA to as confirmation of payment and agree that this card will be held up to 10 business days after the last day of the program. At that time if payment has not been made in full AHIMA, AHIMA may process payment using the credit card.*

Waitlist: Due to high demand, it is possible that a meeting may be in waitlist status. This means that we are working to procure additional meeting space and will be opening an additional room. If you agree to register as a waitlisted attendee, your payment will be processed upon receipt and you will be notified within 3-5 business days of your status. If room arrangements cannot be expanded, you will be credited for the full amount of your purchase. Credits will be made within 5 business days of final status notification.

Rescheduling:
Rescheduling (that is, postponing the use of a paid registration to a future instance of the same program) is subject to availability and limited to future instances of the same program currently advertised on www.ahima.org and occurring within six months of the original program date. Requests received at least 46 days prior to the date of the first day of the program will be considered with a processing fee of $125. All rescheduling must be completed within 45 days before the first day of the program. No refunds will be provided. AHIMA reserves the right to modify, cancel or reschedule any event or meeting due to unforeseen circumstances. Registered attendees will be notified of cancellation in advance of program with options of one of the following: 1) re-register for any rescheduled program if available or 2) receive full refund of monies paid for the cancelled program.

Cancelled Program Refunds: Refunds for registration fees paid for cancelled programs with no rescheduled options will be paid in full and automatically sent to attendees with 30 days of notification.

Rescheduled Program Refunds – Registrants for rescheduled programs will receive notification instructing registrants about either re-registering for the rescheduled program or obtaining full refund. AHIMA assumes no responsibility for personal expenses.

Substitutions: Substitutions (that is, assigning a paid registration to another individual) must be requested at least 31 days prior are accepted through 31 days prior to the date of the first day of the program. A processing fee of $75 will be invoiced at that time to the original attendee. Substitutions are not accepted within 30 days of the program date; no refund will be provided.

Refunds: AHIMA provides full refunds less a processing fee of $125 for registration cancellations made through 61 days prior to the date of the first day of the program. A partial refund of 75% is provided for registration cancellations made between 60 and 46 days prior to the date of the first day of the program. NO REFUNDS are provided within 45 days of the date of the first day of the program. All refunds are processed within 30 days of receipt. Additional credit is not available for DE or book components that are sold as part of a meeting product.

SUBMITTING REQUESTS FOR REFUNDS, SUBSTITUTIONS AND RESCHEDULING:
Requests must be submitted in writing to Meeting Registrar (Fax 312-233-1500). Please include the name and date of the program as well as the following information for both the original registrant and the substitute registrant:

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name, mailing address, phone number, e-mail address, and order reference number. Notification of approval will be made within seven days of receipt of the request.
Force Majeure, and conditions beyond AHIMA's control: The performance of either party under this agreement is subject to acts of God, war, government regulation, terrorism, disaster, strikes, civil disorder, curtailment of transportation facilities, or any other emergency beyond the parties' control, making it from an economic, political, or from a personal safety or policy basis inadvisable by a government entity, illegal or impossible to perform their obligations under this agreement or any government or other advisory that travel or meetings are not to be undertaken, either party may cancel this agreement for any one or more of such reasons upon written notice to the other.