

# Registration Form

## 2009 ICD-10 Annual Summit: Beyond Compliance to Strategic Advantage

09ICD104

Circle One:

NAHQ/AAHAM/AHIMA Member ID: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Badge/Nickname: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*(Required in order to receive confirmation.)*

### Washington, DC | April 16–17, 2009

Early Bird Cut-Off Date: April 10, 2009

Registration Closes: April 10, 2009

After April 10, registration available on-site only.

### Early Bird Pricing (by April 10, 2009)

Please Check One:

Member Price  \$499

Member Price with Audio Recording  \$649

Price  \$799

Price with Audio Recording  \$949

### On-site Pricing (After April 10, 2009)

Please Check One:

Member Price  \$599

Member Price with Audio Recording  \$849

Price  \$899

Price with Audio Recording  \$1,149

### Hotel Information

#### Grand Hyatt Washington, DC

Reserve your room by April 10 to be eligible for special rates. Details at:  
<http://www.ahima.org/meetings/ICD10summithoteltranspo.asp>

### Additional Information

As a registered attendee for this AHIMA meeting, your preferred contact information will be shared with other registered attendees or specially selected exhibitors to provide you with networking opportunities, special offers, and updates. However, you may restrict your information from inclusion in such communications by checking the box below:

I do not wish my contact information to be shared with fellow attendees for networking purposes or selected exhibitors for special offers and updates.

If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please identify them below:

\_\_\_\_\_  
\_\_\_\_\_

### Payment

Payment must be included with completed registration form. Indicate method of payment below.

**Check:** Make payable to AHIMA  
Mail to: AHIMA, Dept. 77-6331, Chicago, IL 60678-6331  
Amount: \_\_\_\_\_

**Purchase Order:** Copy of P.O. must be attached  
P.O. Number: \_\_\_\_\_

### Credit Card:

Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Fax: (312) 233-1500 • Phone: (800) 335-5535 (credit card only)**

### Cancellation Policy:

If you must cancel your meeting registration, you may either provide a substitute, or cancel your registration. In either case, please notify AHIMA in writing as soon as possible. A \$75 processing fee is assessed on all cancellations received two weeks prior to the appropriate meeting date. After that date, the full registration fee will be forfeited unless your registration is cancelled due to an emergency. In an emergency, please notify AHIMA's registrar of your cancellation via fax, including an explanation for your cancellation. All refunds will be processed within 30 days after receipt.

AHIMA reserves the right to cancel or reschedule a conference due to unanticipated circumstances. In the event of cancellation, registrants will be contacted and the full registration fee will be refunded. AHIMA and ATC are not responsible for any travel arrangement cancellation charges incurred by event cancellations.

Source Code: MX2689