



# Managed Care Compliance Conference

January 31–February 2, 2021 • Sheraton Grand at Wild Horse Pass • Phoenix, AZ

## Contact Information

Mr  Mrs  Ms  Dr

Member/Account ID (if known)

First Name MI Last Name

Credentials (CHC, CCEP, etc.)

Job Title

Organization (Name of Employer)

Street Address

City/Town State/Province

Zip/Postal Code Country

Work Phone

Email (required)

## Dietary Needs Request

Dairy Free  Gluten Free  Kosher  Vegetarian  Vegan

Other \_\_\_\_\_

## Acknowledgements

By submitting this registration, you agree to the full Terms and Conditions, including the use of your information, viewable at [hcca-info.org/2021managedcare](http://hcca-info.org/2021managedcare).

Your information (postal address) may be shared with conference exhibitors, attendees, speakers, affiliates, and partners for marketing and/or networking purposes. To see the full use or if you wish to opt-out, visit [hcca-info.org/privacy](http://hcca-info.org/privacy).

By participating in an HCCA conference, you grant HCCA, or anyone authorized by HCCA, the right to use or publish in print or electronic medium any photograph or video containing your image or likeness for educational, news, or promotional purposes without compensation.

## Registration Fees

	Register through 8/10/20	after 8/10/20
<input type="checkbox"/> Member (Monday & Tuesday)	\$825	\$875
<input type="checkbox"/> Non-Member (Monday & Tuesday)	\$995	\$1045
<input type="checkbox"/> Registration + First-Time Membership*	\$1045	\$1095
<input type="checkbox"/> Pre-Conference (Sunday)	FREE	\$275
<input type="checkbox"/> Group Discount for 5–9 Attendees	(\$50)	(\$50)
<input type="checkbox"/> Group Discount for 10 or More	(\$100)	(\$100)

\*Save by joining today (first-time members only). Dues renew at \$325.

TOTAL \$ \_\_\_\_\_

## Payment

Online registration at [hcca-info.org/2021managedcare](http://hcca-info.org/2021managedcare)

Mail this form to HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435-2358

Fax this form to 952.988.0146

Email this form to [helpteam@hcca-info.org](mailto:helpteam@hcca-info.org) — Due to PCI compliance, do not provide credit card information via email. You may email this form (without credit card information), then call HCCA at 888.580.8373 with payment information.

- Invoice me
- Check enclosed (payable to HCCA)
- Wire transfer requested
- Credit card: I authorize HCCA to charge my:
- Visa  MasterCard  Discover  American Express

Credit Card Account Number

Credit Card Expiration Date

Cardholder Name

Cardholder Signature