

THE RAC SUMMIT (& PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP) - CERTIFICATE PROGRAM PURCHASE FORM

1: PLEASE COMPLETE THE FOLLOWING

PLEASE PRINT

NAME

SIGNATURE OF PURCHASER - 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: INDIVIDUAL TRAINING FEES

Training program purchase includes the items listed above for a period of six months - available 24/7.

TRAINING PROGRAM:

☐ RAC Summit Certificate Program **\$395.00**

3: GROUP TRAINING FEES

Group registration offers the substantial volume discounts set forth below.

Group registration offers the possibility of implementing a disclosure online training program. Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track conference participation to employees. Certificate of successful completion of online post conference examination evidence mastery of conference body of knowledge.

Group Training Access:

• 5 or more **\$295.00**
• 10 or more **\$195.00**
• 20 or more **\$95.00**

☐ Enroll my group in the Training Program

Number of enrollees:

Note: A separate purchase form with Section 1 above completed must be included for each individual.

4: PAYMENT OPTIONS

Please enclose payment with your order and return it to the Summit Registrar, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187, or fax your credit card payment to 206-319-5303.

You may also register online at **www.RACSummit.com**

☐ Check/money order enclosed (checks payable to Healthcare Conference Administrators, LLC)

☐ Credit card: ☐ American Express ☐ Visa ☐ MasterCard

Optional Discount Code:

Amount Due (from No. 2 or 3)

TOTAL \$

ACCOUNT No.

NAME OF CARDHOLDER

EXP. DATE /

SIGNATURE OF CARDHOLDER

PURCHASER SIGNATURE

5: OTHER INFORMATION

For Ordering Questions: Phone: 800-684-4549
(Continental US, Alaska and Hawaii only) or 775-537-2311
Email: registration@hcconferences.com
(registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment to Health Care Conference Administrators LLC by check, MasterCard, Visa or American Express. Credit card charges will be listed on your statement as payment to Health Care Conference Administrators LLC. Checks or money orders should be made payable to Health Care Conference Administrators LLC. A \$30 fee will be charged on any returned checks.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Summit post conference 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.

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 Summit registration office.

TERMS AND CONDITIONS

An executed purchase form constitutes binding agreement between the parties.

How did you learn about this conference?

☐ Brochure ☐ Magazine Ad ☐ Friend/Colleague ☐ E-mail Notice