

# THE NATIONAL HEALTHCARE INCENTIVES INSTITUTE

## 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 \_\_\_\_\_

Special Needs (Dietary or Physical)

DISCOUNT CODE

## 2: REGISTRATION FEES

**Preconference Registration: October 19, 2008**

\$495.00 (SELECT ONE PRECONFERENCE)

Preconference I: **Transparency, Pay-for-Performance, and Public Reporting — Implementing the PROMETHEUS Payment™ Program**  
Sponsored by Bridges to Excellence

Preconference II: **Patient Centered Medical Home, Maximizing Today's Realities While Preparing for Tomorrow's Opportunities**  
Sponsored by TransforMED, an affiliate of the American Academy of Family Physicians (AAFP)

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

**Institute Registration (DOES NOT INCLUDE PRECONFERENCE):**

Healthcare Incentives Institute (THROUGH FRI., 9/5/08) \$ 995.00\*

Healthcare Incentives Institute (THROUGH FRI., 9/26/08) \$1,195.00\*\*

Healthcare Incentives Institute (AFTER FRI., 9/26/08) \$1,495.00

**Postconference Registration: The Leapfrog Hospital Rewards Program—Lessons Learned from the Nation's First Off-the-Shelf P4P Program for America's Hospitals (Includes Leapfrog Group banquet dinner):**

\$495.00

\*This price reflects a discount for registration and payment received through Friday, Sept. 5, 2008.

\*\*This price reflects a discount for registration and payment received through Friday, Sept. 26, 2008.

### ADDITIONAL MATERIALS:

Consumer Driven Care Guidebook \$ 178.00

### INSTITUTE ELECTRONIC MEDIA \*\*\*

**When purchased with full Institute Registration:**

Data DVD:  \$145      Flash Drive:  \$145      iPOD Nano:  \$295

\*\*\* For all shipments outside the U.S., a charge of \$35 (\$75 for iPOD) will be added to your order for international shipping/handling. For all shipments inside the U.S. a \$15 shipping charge will be added.

## 3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Summit Registrar, 3291 West Wilson Road, Pahrump, NV 89048 — or fax your credit card payment to 760-418-8084.

You may also register online at [www.healthcareincentivesinstitute.com](http://www.healthcareincentivesinstitute.com)

Check/money order enclosed (checks payable to The National Healthcare Incentives Institute)

Credit card:  American Express  Visa  MasterCard

Amount Due (from No. 2 above)

TOTAL \$

ACCOUNT No. \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_

EXP. DATE / \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

REGISTRANT SIGNATURE \_\_\_\_\_

## 4: 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: 800-684-4549 (Continental US, Alaska and Hawaii only) or 775-537-2311  
Email: [registration@hcconferences.com](mailto:registration@hcconferences.com)  
(registration is not available by phone or email)

### METHOD OF PAYMENT FOR TUITION

Make payment by check (to The National Consumer Driven Healthcare Summit), MasterCard, Visa or American Express. A \$20 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.

### TAX DEDUCTIBILITY

Expenses of training including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021.

### CANCELLATIONS/SUBSTITUTIONS

No refunds will be given for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-684-4549.

### TERMS AND CONDITIONS

Program subject to change. Executed Registration Form constitutes binding agreement between the parties.

### How did you learn about this conference?

Brochure     Magazine Ad     Friend/Colleague     E-mail Notice

## Hotel Accommodations

A special rate of \$279.00 single/double per night (plus tax) has been arranged for Institute attendees. Please make reservations directly with the Marriott Wardman Park and mention "Healthcare Incentives" to receive the group rate. Reservations will be accepted until Friday, September 26, 2008. After this date, reservations will be accepted on a space-available basis at the prevailing rate.

**Marriott Wardman Park**  
2660 Woodley Road, NW  
Washington, DC 20008  
202-328-2000

[www.marriott.com/hotels/travel/wasdt-marriott-wardman-park-hotel/](http://www.marriott.com/hotels/travel/wasdt-marriott-wardman-park-hotel/)