

Forces of Change in Health Insurance Leadership Program (Part II)

Spring Program

June 8–11, 2010
Held in Conjunction with
AHIP's Institute 2010
Las Vegas, Nevada

Fall Program

September 26–28, 2010
Harvard Medical School
Conference Center
Boston, Massachusetts

Registration Form

Please print below or attach your business card. You must include your phone and fax numbers and e-mail address.

Full name _____ Degree (if applicable) DO JD MD MPA MPH PhD RN _____

Job title _____

Organization _____

Address _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (Area code/number) _____ Cell Phone (Area code/number) _____

Fax (Area code/number) _____ E-mail (E-mail address is for registration confirmation and AHIP internal use only.) _____

4 Ways to Register

- 1. ONLINE.** Secure transactions at www.ahip.org/conferences/ForcesofChange2010. Have your Visa, MasterCard, or American Express card available. Please do not fax or mail a registration form if you register online.
- 2. SECURE FAX.** Fax the registration form with your credit card information (Visa, MasterCard, or American Express) to AHIP at 301.576.3592.
- 3. MAIL.** Mail the registration form with your payment to America's Health Insurance Plans; P.O. Box 7247-6327; Philadelphia, PA 19170-6327.
- 4. EXPRESS MAIL.** Mail the registration form with your payment to AHIP/Registrar; 601 Pennsylvania Ave., NW; South Building, Suite 500; Washington, D.C. 20004.

Registration Fees

SPRING PROGRAM JUNE 8–11, 2010

AHIP Member* \$1,175

Non-member* \$1,375

* Register for the Spring Program and you will automatically be registered for Institute 2010.

FALL PROGRAM SEPTEMBER 26–28, 2010

AHIP Member \$1,175

Non-member \$1,375

For questions regarding your registration, call 877.291.2247.



For special hotel needs, call 202.861.6370.

Payment Method

Please choose one of the following payment methods.

Check Enclosed (U.S. Dollars only) **Credit Card:** Visa MasterCard American Express

Credit card number _____ Exp. date _____

Name as it appears on the credit card (Please print) _____

Signature _____

Program Registration Policies and Information

Payment

Registrations will not be processed without payment.

Cancellation Fees

You may cancel your registration and receive a full refund, less a \$300 processing fee, if your notification is received in writing via mail or e-mail by **Friday, May 21, 2010 (for the Spring Program) or Friday, August 20, 2010 (for the Fall Program)**. There will be no exceptions to this policy. **Written requests** should be sent to: Customer Solutions Team; AHIP; 601 Pennsylvania Ave., NW; South Building, Suite 500; Washington, D.C. 20004. E-mail requests should be sent to: CustomerSolutions@ahip.org.

Substitutions

Substitutions are welcome for registrants who cannot attend. Please notify AHIP's Customer Solutions Team in writing by **Friday, May 21, 2010 (for the Spring Program) or Friday, August 20, 2010 (for the Fall Program)** to make the proper arrangements. **Written requests** should be sent to: Customer Solutions Team; AHIP; 601 Pennsylvania Ave., NW; South Building, Suite 500; Washington, D.C. 20004. E-mail requests should be sent to: CustomerSolutions@ahip.org. Refunds will not be issued to registrants who do not attend the program.