THE VALUE-BASED PAYMENT SUMMIT - WEBINAR ATTENDANCE

1: PLEASE COMPLETE THE FOLLOWING	PLEASE PRINT	4: PAYMENT OPTIONS Please enclose payment with your registration and return it to the				
NAME SIGNATURE OF REGISTRANT - REQUIRED JOB TITLE ORGANIZATION DEPARTMENT		 Summit Registrar, c/o Affinity Group, 12320 NE 8th Street, Suite 200, Bellevue, WA 98005 or call 800-684-4549 to provide your credit card pay ment information. You may also register online at www.ValueBasedPaymentSummit.com Check/money order enclosed (checks payable to Healthcare Conference Administrators, LLC) Credit card: American Express Visa MasterCard 				
				ADDRESS		Amount Due (from No. 2 above) TOTAL \$
				CITY/STATE/ZIP		Account No.
				TELEPHONE		– Name of Cardholder
E-MAIL		Exp. Date / Security Code:				
Special Needs (Dietary or Physical)	ISCOUNT CODE	Signature of Cardholder				
L		Registrant Signature				

2: REGISTRATION FEES

Online conference registration includes the live Internet feed from the Summit, plus six months of continued archived Internet access, available 24/7.

SUMMIT REGISTRATION

CONFERENCE - STANDARD RATE

Value-Based Payment Summit (thru Fri 8/1/25*)	\$595.00			
□ Value-Based Payment Summit (after Fri 8/1/25)	\$795.00			
CONFERENCE - ACADEMIC/GOVERNMENT RATE**				
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□ value-Based Payment Summit (thru Fri 8/1/25°)	\$295.00
□ Value-Based Payment Summit (after Fri 8/1/25)	\$395.00

*This price reflects a discount for registration and payment received through Friday, Aug. 1, 2025. **For the purpose of qualifying for a discounted rate: (1) "academic" shall apply to individuals who teach full time or are full time students at an academic institution (i.e., a faculty member at a medical school or hospital residency program who also sees patients is a provider, not an academic); (2) "government" shall apply to individuals who are full time employees of federal, state or local regulatory agencies (i.e., a State university health system or local public hospital is a provider, not government); and (3) "clinic" shall apply to individuals who are full time employees of a Federally Qualified Health Center or safety net clinic.

CONFERENCE MULTIMEDIA (may only be purchased with full conference registration) □ Flash Drive (\$129 + \$15 shipping) \$144.00

SPECIAL SUBSCRIPTION OFFER (may only be purchased with full conference registration) □ FHealthExecWeek: Managed Care \$295.00

3: GROUP REGISTRATION

Group registration offers the substantial volume discounts set forth below. All group registrants are enrolled in the preconference and conference.

Please email reginfo@hcconferences.com or call 800-684-4549 for assistance with your group registration.

Group Conference Access:

• 2 or more	\$495.00
• 4 or more	\$395.00
• 6 or more	\$295.00

5: 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 Email: reginfo@hcconferences.com

METHOD OF PAYMENT FOR TUITION

Make payment by check (to Health Care Conference Administrators), MasterCard, Visa or American Express. A \$30 fee will be charged on any returned checks. Groups: Have registration and credit card information for each person.

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

For onsite registrants there will be no refunds for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-684-4549 for further information.

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Summit content via Internet access through the sharing of user names and passwords or via 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.

If a registrant needs the ability to share Summit content within his or her organization, multiple Summit registrations are available at discounted rates.

The Summit will pay a reward for information regarding unauthorized sharing of Summit content. The reward will be 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

The Summit program is subject to change. An executed registration form constitutes binding agreement between the parties.