

PAYMENT PLAN REGISTRATION FORM • AHDI 33rd Annual Convention & Expo, Phoenix, Arizona, August 18–21, 2011

Badge Name _____ AHDI ID# _____
 First name _____ MI _____ Last name _____
 Address _____
 City, State, Zip, Country _____
 Daytime Phone _____ Email _____

Check here if you are disabled and require special services. Attach a written description of needs.

NOTE: Payment plan is available through May 31, 2011, on full registrations for members only. After May 31, 2011, the payment plan is no longer available and all registrations must be submitted using the standard registration form available at the AHDI website. All payments must be received by July 31, 2011. Special event and workshop tickets and guest tickets will be charged with the first payment for your full conference registration. All dates are postmarked dates.

Cancellation Policy: Refund requests must be written: \$50 administration fee will apply. No refunds after August 1, 2011. See terms and conditions section below for further details.

FULL REGISTRATION Full Registration includes: First-time/New Member Orientation, Thursday "All Around the World" Welcome Reception & Exhibit Hall Grand Opening, Thursday Keynote Presentation, Friday Lunch in the Exhibit Hall, Friday Breakfast in the Exhibit Hall, Saturday Integrity Awards Lunch, Sunday Educational Sessions, Friday–Sunday Exhibits, Friday–Saturday Two (2) representatives from each Corporate and Educational membership may register at the Individual Professional Member rate.	Student/Post-grad Member	Individual Professional Member	Associate Member	Enter Fees Here
	Early Bird Rate (by 5/31/11 for payment plans; see payment schedule below)	\$300	\$360	
	Payment Schedule			
Payment #1 (charged at time of registration)	\$100	\$120	\$156.67	
Payment #2 (charged the 2nd month)	\$100	\$120	\$156.67	
Payment #3 (charged the 3rd month)	\$100	\$120	\$156.66	

SPECIAL EVENTS/WORKSHOPS (not included in Full Registration)	Regular by 8/1/11	On-site after 8/1/11	
CQE Workshop Package 1 , Friday <small>Includes admission to CQE Workshop, RMT Exam Guide, CMT Exam Guide, Book of Style Workbook</small>	<input type="checkbox"/> \$90	<input type="checkbox"/> \$135	_____
CQE Workshop Package 2 , Friday <small>Includes admission to CQE Workshop, RMT Exam Guide, CMT Exam Guide, Book of Style Workbook, CMT Prep CDs I, II & III</small>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225	_____
Managers/Supervisors Workshop , Saturday	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95	_____
Fun Night Out at Casino Arizona* , Saturday	<input type="checkbox"/> FREE	N/A	_____

*Note: Free transportation and \$5 gambling voucher available on a first-come, first-served basis to the first 200 registrants.

GUEST TICKETS	Regular by 8/1/11	On-site after 8/1/11	
"All Around the World" Welcome Reception & Exhibit Hall Grand Opening, Thursday	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95	_____
Lunch in the Exhibit Hall, Friday	<input type="checkbox"/> \$65	<input type="checkbox"/> \$75	_____
Breakfast in the Exhibit Hall, Saturday	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	_____
Integrity Awards Lunch, Sunday	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85	_____
Exhibit Hall Pass, Friday–Saturday	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	_____

Note: One Exhibit Hall Guest Pass included with purchase of full registration. Exhibit Hall Guest Pass does not include access to food and beverage service. **Guest Name:** _____

Total Registration Amount _____

Check here if you are NOT a Medical Transcriptionist: Please select your PRIMARY work setting location: At Home On-site

Please select your PRIMARY Healthcare Documentation Role (select only one):

<input type="checkbox"/> Traditional Medical Transcriptionist	<input type="checkbox"/> Quality Assurance Proofreader/Editor	<input type="checkbox"/> Healthcare Biller/Coder
<input type="checkbox"/> Speech/Voice Recognition Editor	<input type="checkbox"/> Medical Transcription Educator	<input type="checkbox"/> Health/Medical/Bio Informatician
<input type="checkbox"/> Medical Transcription Service Owner	<input type="checkbox"/> Medical Transcription Manager/Supervisor	<input type="checkbox"/> Physician, Nurse, or Allied Health Worker
<input type="checkbox"/> Medical Transcription Recruiter/Trainer	<input type="checkbox"/> Medical Transcription Sales/Marketing/PR	<input type="checkbox"/> HIT Application/Software Developer
<input type="checkbox"/> Medical Transcription IT Support & Services	<input type="checkbox"/> Health Information Management Professional (RHIA, RHIT)	

NOTE: All registrants must abide by AHDI policies (1) that restrict the demonstration of products, solicitation of orders, processing of sales, and distribution of advertising matter to individuals, business firms, manufacturers, and dealers who have contracted and paid for space assignments in the AHDI exhibit hall or advertising space in the AHDI Annual Convention program; (2) prohibit the audio or videotaping of presentations, except by those authorized by AHDI to do so, and; (3) state that portions of this event may be photographed, videotaped, or recorded. By registering, you grant to AHDI the right to photograph, videotape, and record you and your property at the event and authorize AHDI to copyright, use, and publish the same in print and/or electronically. If you do not agree, please contact AHDI for special arrangements.

_____ Please initial here if you DO NOT wish your name to be on the list of registrants available to annual convention exhibitors and other convention attendees.

PAYMENT METHOD

Credit card is the only accepted payment type for the payment plan option. Please fax your completed registration form to 209-527-9633, mail to 4230 Kiernan Ave, Ste. #130, Modesto, CA 95356, or scan and email it to ahdi@ahdionline.org. You may also register by phone at 800-982-2182. Payment plan option is not available online.

TERMS & CONDITIONS

I authorize three (3) electronic credit card payments to the Association for Healthcare Documentation Integrity (AHDI). I authorize AHDI to charge 1/3 of my full conference registration to my credit card account at the time of registration and two additional payments of that same amount, one per month, on or after the 15th of the two months following submission of this registration form. For additional special event, workshop or guest tickets purchased, I authorize the full payment for those selections to be charged at the time of registration. I understand that I may cancel this authorization by providing AHDI written notification of termination. The regular cancellation policy as seen above and any administration fees apply.

Please note that people selecting the payment plan option for Annual Convention & Expo registration must be AHDI members. The entire full conference registration fee must be paid in full by July 31, 2011, for the 2011 Annual Convention & Expo.

My total registration amount is \$ _____

I am paying for my registration by MasterCard Visa American Express Discover

Card # _____ Exp date _____

Cardholder name (print) _____ Authorized Signature _____