

#HDIVC20

# BREAKING BOUNDARIES



AUGUST 12-15, 2020



AHDI # optional

First Name:	Middle Initial:	Last Name:
Job Title:	Company/Employer:	
Address:		
City:	State/Province:	Zip/Postal Code:
Daytime Phone:	Email:	

Check if you have never attended an AHDI Annual Conference before.

**Cancellation Policy:** Refund requests must be submitted to AHDI in writing and a \$25 administrative fee will apply. No refunds after **July 31, 2020**.

AHDI Full Conference Registration		AHDI Student or Postgraduate Members	AHDI Members*	Nonmember Price	Enter Your Fee Here
Wednesday - Saturday, August 12-15. Your full registration includes:					
Keynote Presentation & Educational Sessions	Coupon Code HDIVC50 through 7/31/20	<input type="checkbox"/> \$99	<input type="checkbox"/> \$199	<input type="checkbox"/> \$299	\$ _____
Social Activities, Integrity Awards	Regular Rate 8/1/20 to event	<input type="checkbox"/> \$149	<input type="checkbox"/> \$249	<input type="checkbox"/> \$349	
Virtual Chat and Live Meet-ups					
Access to recordings for 3 months following the conference					

\* AHDI Individual Professional, Sustaining, Corporate and Educational Members are eligible for this rate.

**Continuing Education Credit (CEC) Policy:** The 2020 Healthcare Documentation Integrity Virtual Conference (HDIVC20) has been approved for 12 CECs for the 4-day conference. You will receive a certificate for each credit-worthy session once you have viewed 85% or more, whether live or on-demand after the conference. If you are unable to attend the live sessions, the recordings will be available for 3 months following the conference.

## Payment Information

Payment by check, money order, or credit card is accepted (U.S. funds only) payable to AHDI. No purchase orders. Credit card payments accepted by phone: 800-982-2182, fax: 209-527-9633, or mail: 4120 Dale Rd., Suite J8-233, Modesto, CA 95356. **Register online at [www.ahdionline.org/HDIVC](http://www.ahdionline.org/HDIVC).**

Total Due: \$ \_\_\_\_\_

Select payment type:  Check/Money Order  Visa  Mastercard  American Express  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name (please print): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_



1-800-982-2182 or  
1-209-527-9620



4120 Dale Rd., Suite J8-233  
Modesto, CA 95356



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