



			AHDI #	optional
First Name:	Middle Initial:	Last Name:		
Job Title:	Company/Employer:			
Address:				
City:	State/Province:	Zip/Postal Code:		
Daytime Phone:	Email:			
<input type="checkbox"/> 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, 2021**.

AHDI Full Conference Registration		AHDI Student or Postgraduate Members	AHDI Members*	List Price	Enter Your Fee Here
Wednesday-Saturday, August 4-7. Your full registration includes:					
Educational Sessions Live Magic Show *Sponsored by CanScribe Keynote Presentation Integrity Awards Live Meet-up with Virtual Exhibitors Daily Social Activities and Prize Drawings	Early Rate <small>5/1/21 to 5/31/21</small>	<input type="checkbox"/> \$74	<input type="checkbox"/> \$174	<input type="checkbox"/> \$274	\$ _____
	Regular Rate <small>6/1/21 - 6/30/21</small>	<input type="checkbox"/> \$124	<input type="checkbox"/> \$224	<input type="checkbox"/> \$324	
	Onsite Rate <small>7/1/21 to event</small>	<input type="checkbox"/> \$174	<input type="checkbox"/> \$274	<input type="checkbox"/> \$374	

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

Continuing Education Credit (CEC) Policy: The 2021 Healthcare Documentation Integrity Virtual Conference (HDIVC21) has been approved for 12.5 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.**


Total Due: \$ _____


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

Credit Card Number: _____ Exp. Date: _____ CVC: _____

Cardholder Name (please print): _____ Authorized Signature: _____

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

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

 1-209-527-9633

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