**SEMINAR/CLASS REGISTRATION FORM
 (Please Print or Type Clearly)**

**Registering for:**

[ ]  Understanding Chronic Care Management for 2015 (1/15/2015)

[ ]  Modifiers (1/22/2015)

[ ]  HCC Coding (2/3/2015)

[ ]  ICD-10 Proficiency Exam Prep (2/17/2015)

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| --- | --- |
|  |  |
| Name | AAPC membership number (if applicable |
|  |  |
| Company name | Title / Position |
|  |  |
| Mailing address (Street, City, State, Zip) | Position / Title (if applicable) |
|  |  |
| E-mail address | Contact phone number |

Special Needs or Physical Accommodations? No [ ]  Yes [ ]  (Please call to discuss with instructor).

**Method of Payment:**

[ ]  Check (enclosed) payable to Healthcare Coding Consultants Hawaii, LLC

[ ]  MasterCard [ ]  Visa

|  |  |  |
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|  |  |  |
| Card number | Expiration date | Security verification no. |
|  |  |
| Print name as it appears on card | Cardholder’s signature / date |

**Registration Deadlines**

Registration and payment in full is due prior to the seminar date. You will receive detailed instructions about the workshop via e-mail. Class materials will be-available on the first day of class.

**Cancellation Policy**

To receive a refund, notice is required at least 14 days prior to the classes. With proper notice, payment will be refunded less a $100 handling fee + seminars materials if received in advance. No refunds are given for cancellations received with fewer than 14 days notice. HCCH reserves the right to cancel or reschedule a seminar/class

**Phone: FAX: Mail:**

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