2014 WINTER CODING REGISTRATION FORM   LAS VEGAS: JANUARY 16-18

Please enter your contact information below.

☐ ☐ ☐ _____
Dr Mr Ms Name

_____
Credential(s)

_____
Title

_____
Organization

_____
Address

_____
City   State/ZIP

_____
Phone

_____
Fax

_____
Email *(required for registration confirmation)*

_____
RN Number *(required for contact hours)*

Please enter information for additional attendees below.

To register more than 3 attendees, please make copies of this form.

_____
2nd Attendee Name

_____
2nd Attendee Title   RN Number

_____
2nd Attendee Email *(required for registration confirmation)*

_____
3rd Attendee Name

_____
3rd Attendee Title   RN Number

_____
3rd Attendee Email *(required for registration confirmation)*

Coding Manuals

While not required, it is recommended to bring the 2014 CPT book for those presentations providing specific CPT code examples and scenarios.

If you plan to attend the full-day ICD-10 session presented by Joanne Schade-Boyce, you are encouraged to bring the *2014 ICD-10-CM: The Complete Official Draft Code Set by Optum*. A special discount rate of $59 is being offered to ASCA 2014 Winter Coding Seminar attendees (*regular price is $99.95*). The manual must be purchased with a credit card by calling Dave Robinson at 801.982.4902. Use promotional code "**ASCA**" when ordering your manual.

For Office Use Only

_____ Contact Information Entered

_____ Registration Processed

_____ Data Entry Proofed

Early Registration Received **Through Dec 13th**

☐ Full Price		**$725**	$_____
☐ Facility Member Discount			
	1st Attendee	**$625**	$_____
	2nd+ Attendee		
_____ # of Attendees x		**$525**	$_____

Standard Registration Received **After Dec 13th**

☐ Full Price		**$825**	$_____
☐ Facility Member Discount			
	1st Attendee	**$725**	$_____
	2nd+ Attendee		
_____ # of Attendees x		**$625**	$_____

Multi-Attendee Discount

ASCA Members sending more than one attendee from the *same location* are eligible for a $100 multi-attendee discount. All individuals in a group must register at the *same time* and work at the *same facility* to be eligible for this discount.

Not a member, but want to enjoy these great discounts?

Join ASCA now and you can! Call our member services team at 703.836.8808 or visit *ascassociation.org/ASCA/membership*.

Grand Total: $ [_____]

Register via credit card by faxing this form to 703.836.2090.

☐ VISA   ☐ MasterCard   ☐ AMEX

_____
Card Number

_____ / _____
Expiration Date   CVV   Billing Zip

_____
Card Holder Name

_____
Signature

Register by mailing a check made payable to ASCA Foundation with this form to

**ASCA Meeting Registration
1012 Cameron St
Alexandria, VA 22314-2427**

Cancellation Policy

All cancellation requests must be submitted via the Online Refund Request Form located at *www.ascassociation.org/CodingRefundRequest*. Through November 21, refunds are given minus a $50 administrative fee. From November 22 through December 27, refunds are given minus a $100 administrative fee. **No refunds will be given after December 27.** If you registered as part of a group with the multi-attendee discount, the refund will be made on the lowest registration fee paid minus the administrative fee.

Visit our web site for more information: *ascassociation.org/2014WinterCodingSeminar*
For questions, call 703.836.5904 or email *registration@ascassociation.org*

Fax Registration to 703.836.2090 or save time by registering online at *ascassociation.org/2014WinterCodingSeminar.*