

REGULATORY & COMPLIANCE SUMMIT

HOTEL ACCOMMODATIONS

Special rates of \$179 (plus tax) per single per night, and \$204 (plus tax) per double per night, have been arranged for the Second Annual Pharmaceutical Industry Regulatory & Compliance Summit. **There are a limited number of rooms available at the special rate.** Please make your reservations directly with the hotel and mention the Second Annual Pharmaceutical Industry Regulatory & Compliance Summit to receive the reduced rate. Reservations will be accepted until May 19, 2001. After that cut-off date, reservations will be accepted on a space-available basis only.
 Hyatt Regency Crystal City, 2799 Jefferson Davis Highway, Arlington, VA 22202.
 Reservations: 800-233-1234

AIRLINE TRAVEL

Get there for less! HCCA has selected Stellar Access, Inc. (SAI) as the official travel agency for this meeting. Call 1-800-929-4242 and ask for Group #551 to receive the following discounts or the lowest available fares on any other carrier:
 American Airlines and US Airways: Save 5-10% on the lowest applicable fares. Applicable zone fares may apply. All rules and restrictions apply. Travel between June 5-17, 2001.

Call SAI: 1-800-929-4242, ask for Group # 551
 Website: www.stellaraccess.com
 NOTE: First time users must register and refer to Group # 551

- Lowest available fares on any airline
- Completely secure environment
- Book online! Pay NO transaction fee.
- \$10 transaction fee will be applied to all tickets purchased via phone

Outside US & Canada, call 619-232-4298/fax 619-232-6497
 Reservation Hours: M-F 6:30am – 5:00pm Pacific Time

If you call direct or use your own agency, refer to these codes:
 American Airlines 1-800-433-1790 File# 13761
 US Airways 1-877-874-7687 GF# 56651791

FAX OR MAIL REGISTRATION

Fax: 215-545-8107
 Email: conference.office@hcca-info.org
 No registrations will be accepted by phone.

Make payment by check (to Health Care Conference Administrators, LLC), MasterCard, Visa or American Express. A \$20 fee will be charged on any returned checks. Purchase orders must be paid by the conference date or payments will be required by the individual on site.
 Groups: Have registration and credit card information for each person. List all group members on FAX cover sheet.

CANCELLATIONS/SUBSTITUTIONS: Registration fees are not refundable, but are transferrable to a person in the same company. Please contact the Conference Office at 1-800-546-3750.

ASSOCIATION MEMBERSHIP OPTION: For an additional \$50 you may join the Health Care Compliance Association with a trial membership for four months.
 Yes, add \$50 to my registration, I would like to become a member of HCCA.

REGISTRATION FORM

To May 22 (Early Bird) \$995
 After May 22 \$1,095

Subtract discount if applicable:
 HCCA Member \$100
 Group Discount \$100
 (two or more from same company)

Group discount available when two or more register from same organization. Save \$100 on second and all other registrations.

To join HCCA for one year, add to your NON-MEMBER registration:
 HCCA Membership Option \$50

TOTAL PAYMENT \$
 Please type or print

First Name _____ Last Name _____
 Degrees _____ Title _____
 ACHE Credentials: CHE FACHE
 Place of Employment _____
 Work Address or Home Address (List only preferred mailing address)
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone () _____ Fax () _____
 Years in Compliance _____ Position _____
 Areas of Most Interest/Compliance Focus _____
 Special Disability Needs _____
 First name as it will appear on your badge _____

FOR FURTHER INFORMATION

Call 1-800-546-3750, Monday-Friday, 9AM – 5PM Eastern Time

REGISTER TODAY!

Fax: 215-545-8107
 Or mail this form with correct tuition fee (U.S. funds) to:
 Conference Office, 1211 Locust Street, Philadelphia, PA 19107

PAYMENT TERMS

Please enclose payment with your registration and return it to the conference registrar at the above address, or fax your credit card payment to 215-545-8107. No registrations will be accepted by phone.

Check/money order enclosed
 (checks payable to Health Care Conference Administrators, LLC)
 American Express Visa MasterCard
 Account No. _____
 Name of Cardholder _____
 Signature _____ Exp. Date / _____

TAX DEDUCTIBILITY

Expenses of training, including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession, may be tax deductible. Consult your tax advisor.
 Federal Tax ID: 91-1892021.