POPULATION HEALTH COLLOQUIUM POPULATION HEALTH CERTIFICATE PROGRAM PURCHASE FORM

THE POPULATION HEALTH CERTIFICATE PROGRAM INCLUDES:

- Background readings (available online)
- Streaming Video of entire Quality Colloquium with synchronized PowerPoint presentations (available online)
- Online examination with certificate of completion

1. PLEASE COMPLETE THE FOLLOWING

1. TELASE COMITECTE THE TOLLOWING	I LLASE I KINI
NAME	
SIGNATURE OF PURCHASER - REQUIRED	
JOB TITLE	
ORGANIZATION	
DEPARTMENT	
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	
$\overline{\text{FAX}}$ - Please include fax number if you wish to receive a confirmation I	letter.
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2: INDIVIDUAL TRAINING FEES

Training program purchase includes the items listed above for a period of six months - available 24/7.

TRAINING PROGRAM:

☐ Population Health Certificate Program

\$595.00

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3: GROUP TRAINING FEES

Group registration offers the substantial volume discounts set forth

Group registration offers the possibility of implementing a medical home online training program. Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track conference participation to employees. Certificate of successful completion of online post conference examination evidence mastery of conference body of knowledge.

Group Training Access:

• 5 or more	\$495.00			
• 10 or more	\$395.00			
• 15 or more	\$295.00			
• 20 or more	\$195.00			
□ Enroll my group in the Training Program				
Number of enrollees:				
	•			

Note: A separate purchase form with Section 1 above completed must be included for each individual.

4: PAYMENT OPTIONS

Please enclose payment with your order and return it to the Colloquium Registrar, 22529 39th Ave SE, Bothell, WA 98021 — or fax your credit card payment to 206-319-5303.

You may also register online at www.PopulationHealthColloquium.com

	 Check/money order enclosed (checks payable to The Population Health Colloquium) 					
	☐ Credit card:	☐ American Expr	ess 🖵 Visa	☐ MasterCard		
Optional	Discount Code:					
Amount Due (from No. 2 or 3)						
ACCOUNT NO	0.					
NAME OF CA	ARDHOLDER		Exp. Date	/		
Signature (DF CARDHOLDER					
Purchaser	Signature					

5: OTHER INFORMATION

For Ordering Questions: Phone: 800-684-4549 (Continental US, Alaska and Hawaii only) or 775-537-2311 Email: registration@hcconferences.com (registration is not available by phone or email)

METHOD OF PAYMENT FOR TUITION

Make payment by check (to The Population Health Colloquium), MasterCard, Visa or American Express. A \$30 fee will be charged on any returned checks. Groups: Have registration and credit card information for each person. List all group members on FAX cover sheet.

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.

INTELLECTUAL PROPERTY POLICY

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If you have knowledge regarding the unauthorized Colloquium content sharing, contact the Colloquium registration office

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