

CIRCLE YOUR RATE BELOW AND RESERVE NOW VIA FAX: 610-560-0502

**FREE MVP UPGRADE**

Register with promo code **PCMHMVP** and receive a complimentary printed syllabus and PCMH on-demand recordings of the educational sessions **FREE!**

Includes full 3-day conference access, syllabus, and PCMH On-Demand. This offer expires August 10, 2017.

RATE	STARTS	ENDS	GENERAL ADMISSION	MVP UPGRADE	NON-HEALTHCARE PROVIDER*
Early Regular	June 23	August 10	\$1,199	\$1,399	\$1,899
Regular	August 11	October 5	\$1,299	\$1,499	\$1,899
Advance	October 6	November 2	\$1,499	\$1,699	\$1,899
On-site Rate	November 3	On-Site	\$1,599	\$1,799	\$1,899

Students, Fellows, Residents and Active Military call 800-218-3185 to reserve at special rates.

\*Please note, if you are employed by industry, you MUST register as a "Non-Healthcare Provider."

**PERSONAL INFO**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  Male  Female  Other  Prefer not to answer

Phone Number \_\_\_\_\_ Email Address (Confirmations will be sent via e-mail) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Company/Organization Name \_\_\_\_\_ Position \_\_\_\_\_ Department \_\_\_\_\_ Title \_\_\_\_\_

**PROFESSIONAL CATEGORY**  Administrator  Doctor of Medicine (MD)  Doctor of Osteopathic Medicine (DO)  Non-Healthcare Provider  
 Nurse: MSN/BR/RN  Nurse Practitioner  Pharmacist  Physician Assistant  Other Allied  Other [write in] \_\_\_\_\_

**I AM NCQA PCMH RECOGNIZED** [check all that apply]

Certified Content Expert (CCE)  Patient-Centered Specialty Practice (PCSP)  Patient-Centered Medical Home (PCMH)  
 Patient-Centered Connected Care VALID THROUGH: \_\_\_\_\_  I am not part of an NCQA Recognized entity

**PRIMARY SPECIALTY:**  Active Military  Dept. of Veteran Affairs (VA)  Family Medicine  Internal Medicine  Oncology  
 Primary Care  Other [write in] \_\_\_\_\_

**PRIMARY CARE SETTING?**  Academic  Administration  Facilitator/PCMH Certified Content Expert  
 Federally Qualified Health Center  Health Clinic  Home Care  Hospital  Industry  
 Long-term Care  Office-Based  Research  Other [write in] \_\_\_\_\_

**YEARS IN PRACTICE:**  Less than 5  6 to 10  11 to 20  21 to 30  31+

**WHICH OF THE FOLLOWING MOST ACCURATELY REFLECTS THE NUMBER OF PHYSICIANS IN YOUR PRACTICE/GROUP?**

Less than 5  6 to 10  11 to 24  25 to 49  50+

**IN WHAT STATE ARE YOU LICENSED TO PRACTICE?** [write in] \_\_\_\_\_

**NPI #** [write in - 10 characters] \_\_\_\_\_

If you are a non-prescriber and do not have an NPI #, please leave it blank.

**HOW DID YOU FIND OUT ABOUT THIS YEAR'S MEETING?**

Prior attendee  Direct Mail  Email Promotion  Print ad  Colleague/Employer  Sales Representative  
 Social media  Web Search  Professional Association  Other [write in] \_\_\_\_\_

**WHAT IS THE MOST INFLUENTIAL FACTOR IN YOUR DECISION TO ATTEND A LIVE NATIONAL MEETING?**

CME/CE credits  MOC credits for CCEs  Program Topics  High profile speakers  Location  
 Networking  Cost  Other [write in] \_\_\_\_\_

**WHAT OTHER LIVE MEETINGS DO YOU ATTEND TO FULFILL YOUR EDUCATIONAL REQUIREMENTS?**

**DOES YOUR CURRENT EMPLOYER SUBSIDIZE/REIMBURSE YOUR REGISTRATION TO MEETINGS SUCH AS PCMH CONGRESS?**

Yes, at 25% or less  Yes, at 26 - 50%  Yes, at 51 - 75%  Yes, at 76 - 100%  
 No, my current employer does not offer this  No, I am self-employed  Other [write in] \_\_\_\_\_

**METHOD OF PAYMENT:**  Visa  Mastercard  AMEX  Discover  Check\*

\*Make checks payable to HMP Communications. All checks must be drawn on a U.S. bank in U.S. funds. Mail to HMP Communications, 70 E. Swedesford Road, Suite 100, Malvern, PA 19355.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Cardholder (Required) \_\_\_\_\_

\*\*NACCME will appear as the credit card processor for PCMH Congress. Visit us online at [www.NACCME.com](http://www.NACCME.com) for more information about our suite of educational products for the healthcare industry.

\*\*Cancellation Policy: Please note the cut-off date for cancellation is July 31, 2017. All cancellations must be received in writing and postmarked by that date. Full registration (less a \$100 processing fee or full registration amount, whichever is less) will be refunded only to cancellations received in writing before the above date. No refunds will be issued after July 31, 2017 without exception. Registrations are transferrable at any time.

Please visit [www.pcmhcongress.com/content/policies-liability-statement](http://www.pcmhcongress.com/content/policies-liability-statement) to see the Policies and Liability Statement.



**November 3-5, 2017**  
 Hyatt Regency Orlando | Orlando, FL

**REGISTRATION FORM**

**FOUR WAYS TO REGISTER**

Call 800-218-3185  
 Fax 610-560-0502  
 Visit [pcmhcongress.com](http://pcmhcongress.com)  
 Mail HMP Communications  
 70 E. Swedesford Rd.  
 Malvern, PA 19355

**Pre-Conference on Thursday, November 2, 2017**

**Transitioning from PCMH 2014 to PCMH 2017: Commit, Transform, Succeed**  
**\$349**

The PCMH 2017 requirements emphasize a practice-wide commitment to PCMH transformation by demonstrating and sustaining patient care, population health management, care coordination, and ongoing quality improvement. During this live, streamlined program, NCQA faculty will provide a crosswalk of the PCMH 2014 to 2017 requirements, introduce new core competencies, and review the recognition process including annual reporting.

This course is geared towards Certified Content Experts, recognized practices, and learners seeking to distinguish between PCMH 2014 and PCMH 2017.

**Exhibit Hall Guest Pass \$295**

As an attendee, you may purchase one exhibit hall guest pass per registration. Guest must be at least 18 years of age or older, and will have access during exhibit hall hours. Visit [pcmhcongress.com](http://pcmhcongress.com) for listing of hours.

**PCMH Syllabus \$125**

**PCMH On-Demand \$255**