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|  | **Registration Form** |  |
| **Sundancer Solutions FC1.jpg** | **Sundancer Solutions Medicare Like Rate Training and Refresher Course****March 19th-22nd, 2019****A JOURNEY OF A 1000 MILES BEGINS WITH ONE STEP FORWARD****Hampton Inn** **1500 Riverstone Drive****Coeur d’Alene, ID 83814****(208) 769-7900** |  |
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**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tribe/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Fees** (All fees listed in U.S. Funds.)

**Please check appropriate registration fee:**

 First Time Attendees ❒ $799.00 each

 Attending for a Refresher Course ❒ $799.00 each

 Special Discount for Attendees where 4 or more attendees from one office/tribe ❒ $699.00 each

 **REGISTRATION and PAYMENT DUE DATE**: March 1st ,2019 **TOTAL DUE $\_\_\_\_\_\_\_\_\_\_\_\_**

 **Indicate area of interest:**

❒ PRC/CHS Training

❒ MLR Training

❒ MLRPRODIGY – Software

❒ OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any ADA Special Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cancellations/Changes and Refunds:**  Fees for missed trainings, late arrivals, and early departures will not be refunded. If registration is paid by credit card and then registration is cancelled; a 3.7% fee will be assessed as this is the fee charged by Merchant Services. Substitution employee attendees are allowed at no additional charge in lieu of cancellation.

**PAYMENT METHOD:** Check or Money Order must be in U.S. funds payable to: **Sundancer Solutions.** There will be a $25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be emailed.

Please check appropriate box: ❒ Check ❒ Money Order ❒ Credit Card

If Paying by Credit Card:

Name as it appears on the credit card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 Digit Code from back of card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address where receipt should be sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail or fax completed registration form with payment to: Sundancer Solutions**

**Phone: (208)681-5295 P.O. Box 0977**

**FAX: (208)561-5161 Hayden, Idaho**

**Email:** **sundancer.solutions@yahoo.com** **83835-0977**

**Required to bring to training:**

1- UB04 claims and EOB’s both (inpatient and outpatient) bring as many as you can. Anesthesia claims also they are on HCFA 1500’s.
2- A laptop computer that has internet access or wireless capabilities and has Microsoft Excel. Call me if this is an issue: 208-681-5295.
3- A jump drive, I will be downloading information on it from my computer to plug and play into your work computer.
4- A calculator (preferably a 10 key if you have one.)
5- Two red pens, a ruler, and other writing instruments.

6- HCFA 1500. These are PRO FEES but feel free to bring some but our main focus in on Inpatient 111 or outpatient 131 UB04 Claims.
7- Most of all; bring your thirst for knowledge as we will cover a great amount of detail and information in those 4 short days.