

**Register Now**

## 2009 Health Plan Update Teleconference

**March 11, 2009**

**1:00 p.m. Eastern ~ Noon Central ~ 10:00 a.m. Pacific**

### Catch Up On Latest About:

- HIPAA Special Enrollment Rules Including Recent Amendments
- New COBRA Mandates
- FMLA Leave Mandates Including Military Leave Related Requirements
- USERRA Military Leave Mandates
- HIPAA, GINA, ADA & Other Nondiscrimination Requirements
- 125 Plan Implications
- New Rules Allowing States to Provide Premium Subsidies For Medicaid, CHIP & Unemployment Compensation Recipients To Participate In Employer Plans
- Question & Answers Session
- Information About Health Care Eligibility Toolkit Form Set
- More

<b>Name:</b>		
<b>Title:</b>	<b>Organization:</b>	
<b>Street</b>		
<b>Address:</b>		
<b>City, State,</b>		
<b>Zip Code</b>		
<b>Telephone:</b>	<b>Fax:</b>	
<b>E-mail:</b>		
<b>PAYMENT INFORMATION</b>		
<small>I acknowledge and agree that the participation of any registrant named in this registration is conditional upon the receipt of Cynthia Marcotte Stamer, P.C. of the applicable registration fee for each registrant of \$75.00. I hereby make payment as follows:</small>		
<b>Payment Type:</b> <i>(circle applicable and for payment by credit card complete cardholder information)</i>		
<input type="checkbox"/> <b>Master Card</b>	<input type="checkbox"/> <b>Visa</b>	<input type="checkbox"/> <b>Attached Check/Money Order</b>
<b>Account Number:</b>		
<b>Security Code:</b>	<b>Expiration Date:</b>	
<b>Cardholder</b>		
<b>Name:</b>		
<b>Street</b>		
<b>Address:</b>		
<b>City, State,</b>		
<b>Zip Code</b>		
<small>By my signature below, I acknowledge and agree that I am authorizing the registration fee for my above registration to be charged to the credit card account set forth above. I represent that am the cardholder or an authorized user of the account of the cardholder and agree to pay in full the amount of such charges.</small>		
<b>Cardholder</b>		
<b>Signature:</b>		
<b>Date:</b>		

**REGISTRATION POLICY:** Payment by check or money order and completed registration form must be received at least 48 hours in advance of the program to complete registration. Returned checks shall not constitute payment and shall be subject to a \$50.00 administrative charge. Persons not registered at least 48 hours in advance will only participate subject to space availability. **CANCELLATION POLICY:** In order to receive credit, cancellation (either fax or mail) must be received at least 48 hours in advance of the meeting. Refunds will be made by check via first class mail postmarked within 60 days of receipt of written cancellation notice. **DISABILITIES ACCOMMODATION:** If you are an individual with a disability who requires accommodation to participate, please let us know at the time of your registration. **PROFESSIONAL CERTIFICATION OR CONTINUING EDUCATION CREDIT:** Upon request, participants will receive a certificate of participation documenting their participation in the program for use in demonstrating participation for