## UNLEASH YOUR Potential



47th Annual Healthcare Documentation Integrity Conference August 5-8, 2025

First Name:		Middle Initial:	Last Name:	ast Name:		
Job Title:		Company/Employer:				
Address:						
City:		State/Province:		Zip/Postal Code:		
Daytime Phone:		Email:				
☐ Check if you have never attended an AHDI Annual Conference bef		fore.				
Cancellation Policy: Refund requests must be submitted to AHDI in writing and a \$25 administrative fee will apply. No refunds after July 31, 2025.						
AHDI Full Conference Registration  Tuesday—Friday, August 5-8. Your full registration includes:		AHDI Student or Postgraduate Members	AHDI Members*	List Price	Enter Your Fee Here	
Educational Sessions: Human and Veterinary Live Webcam Chat with Fellow Attendees	Early Rate 5/1/25 to 5/31/25	<b>5</b> 99	<b>5</b> 199	<b>5</b> \$299		
Keynote: Lauren Forsythe, PharmD, MBA, DICVP Integrity Awards	Regular Rate 6/1/25- 6/30/25	<b>5</b> \$149	<b>5</b> \$249	<b>5</b> \$349	\$	
Social Activities: Wednesday and Thursday	Onsite Rate 7/1/25 to event	<b>□</b> \$199	<b>=</b> \$299	<b>□</b> \$399		
* AHDI Individual Professional, Sustaining, Corporate, and Educational Members are eligible for this rate.						
Continuing Education Credit (CEC) Policy: The 2025 Healthcare Documentation Integrity Virtual Conference (HDIVC25) has been approved for 16 CECs for the 4-day conference. This year AHDI will have both Human and Veterinary Medicine topics. Each attendees will have the opportunity to earn at least 12 CECs for attending the full conference. You will receive a certificate for each credit-worthy session once you have viewed 85% or more, whether live or on-demand after the conference. If you are unable to attend the live sessions, the recordings will be available for 3 months following the conference.						
Payment Information						
Payment by check, money order, or credit card is accepted (U.S. funds only) payable to AHDI. No purchase orders. Credit card payments accepted by phone: 800-982-2182, fax: 209-527-9633, or mail: 3430 Tully Rd., Suite 20 #112, Modesto, CA 95350. Register online at www.ahdionline.org/HDIVC.  Total Due: \$						
Select payment type:   Check/Money Order   Wisa   Mastercard   American Express   Discover						
Credit Card Number:			Date:	CVC:		
Cardholder Name (please print):	orized Signature:		_			



1-800-982-2182 or 1-209-527-9620



3430 Tully Rd., Suite 20 #112 Modesto, CA 95350



1-209-527-9633