

WEBINAR

Compliance After the PHE



Presented by: Lynne Barrett, Esq., CCP, CHC

April 6, 2023
1:00-2:30 PM ET



This webinar carries 1.5 CEUs toward the Trust's Certified Compliance Professional (CCP) and Certified Compliance Executive (CCE) credentials.



HEALTH ETHICS TRUST

EXCELLENCE IN HEALTHCARE COMPLIANCE SINCE 1995

Register online at healthethicstrust.com or email your registration to
info@corporateethics.com

ONLINE WEBINAR | Hosted by the Health Ethics Trust

Presented by Lynn Barrett, Esq., CCP, CCE

Registration

Tuition

☐ HET Members: **FREE** ☐ Non-Members: \$99

Membership

- ☐ (1) Year—Individual Membership w/Tuition Payment: \$200 (\$199 Savings)
☐ (1) Year — Organizational Membership w/Tuition Payment: \$1,100 (\$299 Savings)

TOTAL _____

Three Ways to Register

1. **ONLINE** at www.HealthEthicsTrust.com - safe, secure and encrypted.
2. **E-MAIL** your completed registration form to: info@corporateethics.com
3. **MAIL** your completed registration form to: *Health Ethics Trust, 7205 Regent Drive, Alexandria, VA 22307*

Cancellation Policy

Registration for Health Ethics Trust courses is an agreement to pay the applicable course tuition. Tuition for cancellations two weeks prior to program is refunded less an administrative fee to be determined. Tuition for cancellation after the deadline is not refundable, but a credit toward tuition for a future Trust program (tuition less the administrative fee; must be used within 12 months) will be issued in some cases. Those who cancel after the deadline must still pay the tuition that they agreed to pay by registering for the course even if they have not yet paid their tuition at the time of cancellation. Cancellation Policy is strictly enforced.

Registration Information:

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Tel (____) ____ - ____ Fax (____) ____ - ____

Email _____

Payment Options:

Check/Money Order ☐

Credit Card Payment ☐

Credit Card # _____

Exp. Date ____ / ____ Security Code _____

Cardholder Signature _____

If Billing Address is different, please place here.

Address _____

City _____ State _____ Zip _____

Total: _____