



National Association of Community Health Centers
CONFERENCE
 FOR
**AGRICULTURAL
 WORKER HEALTH**
 2017
 formerly known as the National Farmworker Health Conference

MAY 22-24, 2017
 SAVANNAH MARRIOTT RIVERFRONT
 SAVANNAH, GEORGIA



CONFERENCE REGISTRATION FORM (Please duplicate for each registrant)

Please type. No telephone reservations will be accepted.

Exhibiting companies and exhibit personnel must register using the Exhibit Space Application.

A. ABOUT YOU

Name _____
 Name on Badge _____
 Title _____
 Organization _____
 Address _____
 City _____ State _____ Zip _____
 Email Address _____
 Phone (_____) _____ Fax (_____) _____
 Admin Contact _____ Phone (_____) _____
 Special language needs? _____
 Dietary needs (i.e. Kosher, Vegetarian, Food Allergies, etc.) _____

Is this your first time attending a NACHC conference? yes no

I am a speaker/presenter yes no Speakers/Presenters qualify for a \$50 discount on registration fees and must register in order to participate beyond their individual session. No thanks, my session only.

B. TO REGISTER FOR FULL CONVENTION

	Early Bird On/Before April 24	After April 24 & On-site
<input type="checkbox"/> First and second registrant from an organization	\$800 each _____	\$925 each _____
<input type="checkbox"/> Third or more registrants from same organization	\$740 each _____	\$875 each _____
<input type="checkbox"/> Full-Time Under-Graduate Students (MUST show current student ID on-site.)		\$400 each _____

C. TO REGISTER FOR ONLY ONE DAY (If NOT Attending FULL CONVENTION)

Monday Tuesday

Please check appropriate day (includes full convention activities on a specific day)

	Early Bird On/Before April 24	After April 24 & On-site
Per person, per day	\$585 _____	\$660 _____

D. LEARNING LABS Pre-registration is required. Learning Labs are available ONLY to full-paying registrants.

Advocacy Leadership Program for Farmworker Health, May 23 - Limited to 50 \$25 _____

GRAND TOTAL ENCLOSED \$ _____

E. PAYMENT INFORMATION (Payment MUST be received with registration form.)

My check is enclosed and made payable to NACHC. Please charge my: Master Card Visa American Express

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Card Holder's Signature: _____

**Conference for Agricultural
 Worker Health
 May 22-24, 2017**

**Savannah Marriott Riverfront
 100 General McIntosh Blvd.
 Savannah, GA 31401
 Phone: (912) 233-7722**

Room Rate: \$179 S/D plus taxes

Three Ways To Register:

ELECTRONICALLY
 Find this registration form online at <http://nachc.org/conferences/agricultural-worker-health/registration/>. You may register automatically with a credit card or you can print the form and mail it with your check.

MAIL
 Mail Registration to:
 NACHC Meetings/Acct. Dept.
 7501 Wisconsin Avenue, Suite 1100W
 Bethesda, MD 20814

FAX
 Send registration form with credit card information to (301) 347-0457.
Registration forms will not be processed without payment.

EARLY-BIRD REGISTRATIONS FEES only apply until April 24, 2017.

NACHC CANCELLATION POLICY: All cancellations must be in writing and must be received at NACHC on/before Monday, May 15, 2017.

- Cancellations received on/before Monday, May 15, 2017 will be assessed a \$100 processing fee. (Allow 6-8 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after Monday, May 15, 2017 are non-refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- "No Shows" are non-refundable.
- Participants sending registrations after Monday, May 8, 2017 will be handled as "On-site Registrants".

DO NOT mail your forms after **Monday, May 8, 2017!** Please bring your registration form and payment (credit card/organizational check) to the "On-Site Registration" counter at NACHC registration.

For NACHC use only:

Pay thru date: _____

Check #: _____

Batch #: _____