

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/moderator yes no Speakers/Moderators 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 3	After April 3 & On-site
<input type="checkbox"/> First and second registrant from an organization	\$840 each _____	\$970 each _____
<input type="checkbox"/> Third or more registrants from same organization	\$775 each _____	\$920 each _____
<input type="checkbox"/> Full-Time Under-Graduate Students (MUST show current student ID on-site.)		\$420 each _____

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

Tuesday Wednesday

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

	Early Bird On/Before April 3	After April 3 & On-site
Per person, per day	\$615 _____	\$690 _____

D. 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 1-3, 2018**


**Hilton Palacio Del Rio
200 South Alamo Street
San Antonio, TX 78205
Phone: (210) 222-1400**

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 Tuesday, April 3, 2018.

NACHC CANCELLATION POLICY: All cancellations must be in writing and must be received at NACHC on/before Tuesday, April 24, 2018.

- Cancellations received on/before Tuesday, April 24, 2018 will be assessed a \$100 processing fee. (Allow 6-8 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after Tuesday, April 24, 2018 are non-refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- "No Shows" are non-refundable.
- Participants sending registrations after Tuesday, April 17, 2018 will be handled as "On-site Registrants".

DO NOT mail your forms after **Tuesday, April 17, 2018!** 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 #: _____