



National Association of Community Health Centers'

# 2018 Primary Care Association and Health Center Controlled Network Conference

November 14 - 16, 2018

Astor Crowne Plaza  
New Orleans, LA

## REGISTRATION FORM

(Please duplicate for each registrant)  
Please type. No telephone reservations will be accepted.

## PARTICIPANT INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Admin Contact \_\_\_\_\_ Admin Phone # (\_\_\_\_\_) \_\_\_\_\_

Dietary Needs (ex. Kosher, Vegetarian, Food Allergies, etc.) \_\_\_\_\_

**Registration is not final until NACHC confirmation is received. This may take up to two weeks from NACHC's receipt of REGISTRATION FORM.**

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.

## COST INFORMATION

	On or before Wednesday, October 17, 2018	After Wednesday, October 17, 2018
<b>PCA and HCCN Conference Registration</b>	<input type="checkbox"/> \$880	<input type="checkbox"/> \$960

## PAYMENT INFORMATION

Please check your method of payment.

Check (payable to NACHC)  MasterCard  Visa  American Express

Total amount enclosed \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print name as it appears on credit card \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

**Note: Payment must accompany registration form. Registration forms will not be processed without payment. DO NOT fax forms without payment information.**

### Hotel:

Astor Crowne Plaza  
739 Canal Street at Bourbon  
New Orleans, LA 70130  
(504) 962-0500

### Three Ways To Register:



#### ELECTRONICALLY

Find this registration form on line at <http://bit.ly/PCAHCCNReg>. 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

Fax 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 Wednesday, October 17, 2018. See full conference registration section opposite.

**NACHC CANCELLATION POLICY:**  
All cancellations must be in writing and must be received at NACHC on/before Wednesday, November 7, 2018.

- Cancellations received on/before Wednesday, November 7, 2018 will be assessed a \$100 processing fee. (Allow 6-8 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after Wednesday, November 7, 2018 are not refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- Substitutions are encouraged.
- "No Shows" are non-refundable.
- Online registration cut-off is Wednesday, November 7, 2018.

**DO NOT mail your forms after Wednesday, October 31, 2018!**  
Please bring your registration form and payment (credit card/organizational check) to the "On-Site Registration" counter at NACHC registration.