

***** SPECIAL OFFER FOR POSTER PRESENTERS ONLY *****
Register for the Full Conference at the low member price!

**2020
CHI@HOME**

CONFERENCE REGISTRATION FORM — This form is non-transferable

(Please duplicate for each registrant)

Please type. No telephone reservations will be accepted.

August 31-September 1, 2020

VIRTUAL

A. ABOUT YOU

Name _____

Name on Badge _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone (_____) _____ Fax (_____) _____

Admin Contact _____ Phone (_____) _____

Three Ways To Register:



ELECTRONICALLY

Find this registration form on line at <http://www.nachc.org/conferences/chi/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.
Lockbox 615023
Washington, DC 20061-5023



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 Monday, August 3, 2020. See full conference registration section opposite.

NACHC CANCELLATION POLICY: All cancellations must be in writing and must be received at NACHC on/before Monday, August 24, 2020.

- Cancellations received on/before Monday, August 24, 2020 will be assessed a \$100 processing fee. (Allow 6-8 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after Monday, August 24, 2020 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 Monday, August 24, 2020.

DO NOT mail your forms after Friday, August 14, 2020!

For NACHC use only:

Pay thru date: _____

Check #: _____

Batch #: _____

I am a poster presenter and qualify for the low member price *plus* the \$50 discount on registration fees in order to participate beyond my individual session No thanks, my session only.

B. TO REGISTER FOR FULL CONVENTION

On/Before August 3

After August 3

NACHC Member Organizations in Good Standing (Paid thru 9/30/2020 or later)

Does not apply to Individual Memberships

First and second registrant from an organization \$995 each _____ \$1,095 each _____

Third or more registrants from same organization \$945 each _____ \$1,045 each _____

Full-Time Under-Graduate Students \$545 _____ \$595 _____

(Photo-copy of I.D. required with this form.)

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)

On/Before August 3

After August 3

Monday or Tuesday (per person, per day) \$695 _____ \$745 _____

Full-Time Under-Graduate Students \$350 _____ \$400 _____

(Photo-copy of I.D. required with this form.)

GRAND TOTAL ENCLOSED \$ _____

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: _____

**By registering for this conference, you will be added to the Health Center Advocacy Network and will receive policy and advocacy email communications from NACHC.*