

CONFERENCE REGISTRATION FORM* (Please duplicate for each registrant)

Please type. No telephone reservations will be accepted.

A. ABOUT YOU

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone (_____) _____ Fax (_____) _____

Admin Contact _____ Phone (_____) _____

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. No thanks, my session only.

I would like to opt-out of exhibitor mailings for NACHC Conferences.

B. ATTENDANCE METHOD

(Check one) ATTEND ONSITE ATTEND ONLINE

C. TO REGISTER FOR FULL CONFERENCE

On/Before January 22

After January 22

NACHC Member Organizations in Good Standing

(Paid thru 9/30/2023 or later and does not apply to Individual Memberships.)

First and second registrants from an organization \$1,320 _____ \$1,470 _____

Third or more registrants from same organization \$1,275 _____ \$1,425 _____

Non-Member Organizations

First and second registrants from an organization \$2,640 _____ \$2,940 _____

Third or more registrants from same organization \$2,550 _____ \$2,850 _____

Other

Federal Government Officials \$1,320 _____ \$1,470 _____

Full-Time Undergraduate Students \$725 _____ \$825 _____
(Photocopy of I.D. required with this form.)

D. TO REGISTER FOR ONLY ONE DAY (If NOT Attending FULL CONFERENCE)

Monday Tuesday Wednesday

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

On/Before January 22

After January 22

NACHC Member Organizations (per person, per day) \$950 _____ \$1,100 _____

Non-Member (per person, per day) \$1,900 _____ \$2,050 _____

E. 340B DAY

Join NACHC and health center experts as we discuss the most emerging issues in 340B, compliance best practices, and advocacy strategies to protect 340B savings at the federal and state level. 340B Day will provide opportunities to meet with your peers in the health center community through breakout sessions and roundtable discussions.

340B Day will have sessions Thursday, February 15, 2024.

*REGISTRATION IS NECESSARY BUT FEE IS NOT REQUIRED IF YOU ARE ATTENDING & PAYING THE FULL CONFERENCE FEE.

Attending P&I Forum \$0* Attending 340B Day Only \$500 _____

GRAND TOTAL ENCLOSED \$ _____

G. 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.

**2024
POLICY & ISSUES
FORUM**

February 12-15, 2024

Marriott Marquis
901 Massachusetts Ave., NW
Washington, DC 20001
(202) 824-9200

HYBRID EVENT

Three Ways To Register:

 **ELECTRONICALLY**

Find this registration form on line at <http://nachc.org/conferences/policy-and-issues/pi-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 Monday, January 22, 2024.

NACHC CANCELLATION POLICY:

All cancellations must be in writing and must be received at NACHC on/before Monday, February 5, 2024.

- Cancellations received on/before Monday, February 5, 2024 will be assessed a \$100 processing fee. (Allow 6-8 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after Monday, February 5, 2024 are non-refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- "No Shows" are non-refundable.

DO NOT mail your forms after **Friday, January 26, 2024.**

For NACHC use only:

Pay thru date: _____

Check #: _____

Batch #: _____