



# 2010

## FINANCIAL, OPERATIONS MANAGEMENT & INFORMATION TECHNOLOGY CONFERENCE

November 16-18, 2010 • Planet Hollywood Hotel • Las Vegas, Nevada



NATIONAL ASSOCIATION OF  
Community Health Centers

### CONFERENCE REGISTRATION FORM (Please duplicate for each registrant)

Please type. No telephone reservations will be accepted.

#### A. ABOUT YOU

Name \_\_\_\_\_

Name on Badge \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

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

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

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.

Please complete:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Board Chair/President | <input type="checkbox"/> Physician         | <input type="checkbox"/> Accounting/Finance Personnel |
| <input type="checkbox"/> Board Member          | <input type="checkbox"/> Osteopathic Phys. | <input type="checkbox"/> Social Work                  |
| <input type="checkbox"/> Dentist               | <input type="checkbox"/> State/Fed. Empl.  | <input type="checkbox"/> Information Technology Staff |
| <input type="checkbox"/> Clinical/Medical Dir. | <input type="checkbox"/> Exec. Dir./CEO    | <input type="checkbox"/> Other Clinical _____         |
| <input type="checkbox"/> Nurse Practitioner    | <input type="checkbox"/> COO/Deputy Dir.   | <input type="checkbox"/> Other Mgmt. _____            |
| <input type="checkbox"/> Registered Nurse      | <input type="checkbox"/> Finance Dir./CFO  | <input type="checkbox"/> Oth- _____                   |
| <input type="checkbox"/> Pharmacist            |  |   |

#### B. TO REGISTER FOR FULL CONVENTION

On/Before October 26

After October 26 & On-site

NACHC Member Organizations in Good Standing (Paid thru 12/31/2010 or later)

Does not apply to Individual Memberships

First and second registrant from an organization \$665 each \_\_\_\_\_ \$765 each \_\_\_\_\_

Third or more registrants from same organization \$630 each \_\_\_\_\_ \$730 each \_\_\_\_\_

##### Non-Member Organizations

First and second registrant from an organization \$1,330 each \_\_\_\_\_ \$1,520 each \_\_\_\_\_

Third or more registrants from same organization \$1,260 each \_\_\_\_\_ \$1,450 each \_\_\_\_\_

##### Other

Federal Government Officials \$665 \_\_\_\_\_ \$765 \_\_\_\_\_

Full-Time Under-Graduate Students \$515 \_\_\_\_\_ \$615 \_\_\_\_\_

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

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

Tuesday  Wednesday  Thursday

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

On/Before October 26

After October 26 & On-site

NACHC Member Organizations (per person, per day) \$500 \_\_\_\_\_ \$565 \_\_\_\_\_

Non-Member (per person, per day) \$995 \_\_\_\_\_ \$1,120 \_\_\_\_\_

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: \_\_\_\_\_

### FINANCIAL, OPERATIONS MANAGEMENT & INFORMATION TECHNOLOGY CONFERENCE

November 16-18, 2010

Planet Hollywood  
3667 Las Vegas Blvd.  
Las Vegas, NV 89109  
702-785-5555 OR  
866-919-7472

#### Three Ways To Register:



##### ELECTRONICALLY

Find this registration form on line at [www.nachc.com](http://www.nachc.com). 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.  
7200 Wisconsin Avenue, Suite 210  
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, October 26, 2010. See full conference registration section opposite.

**NACHC CANCELLATION POLICY:** All Cancellations must be in writing and must be received at NACHC on/before Tuesday, November 9, 2010.

- Cancellations received on/before Tuesday, November 9, 2010 will be assessed a \$100 processing fee. (Allow 8-9 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after Tuesday, November 9, 2010 are not refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- Substitutions are encouraged.
- "No Shows" are non-refundable.

**DO NOT** mail your forms after **Tuesday, November 2, 2010!** 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 #: \_\_\_\_\_