

2010 Community Health Institute (CHI) & Expo

SEPTEMBER 10-14, 2010 | Hilton Anatole | Dallas, TX



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.

Health Center Governance — If you would like to enroll for the Health Center Governance Program, please complete the Health Center Governance enrollment form which can be found on the web at www.nachc.com, in the conference program or at NACHC conferences, check in at the CEU desk.

Please complete:

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

B. TO REGISTER FOR FULL CONVENTION

On/Before August 20 After August 20 & On-site

NACHC Member Organizations in Good Standing (Paid thru 9/30/10 or later)

Does not apply to Individual Memberships

<input type="checkbox"/> First and second registrant from an organization	\$870 each _____	\$970 each _____
<input type="checkbox"/> Third or more registrants from same organization	\$845 each _____	\$945 each _____

Non-Member Organizations

<input type="checkbox"/> First and second registrant from an organization	\$1,705 each _____	\$1,855 each _____
<input type="checkbox"/> Third or more registrants from same organization	\$1,660 each _____	\$1,805 each _____

Other

<input type="checkbox"/> Federal Government Officials	\$870 _____	\$970 _____
<input type="checkbox"/> Full-Time Under-Graduate Students	\$485 _____	\$560 _____

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

As an added bonus for all NACHC CHI full conference registrants, you will receive COMPLIMENTARY Online Access to ALL education sessions! ONLINE ACCESS will contain the audio recording synchronized to the PowerPoint of each education session.

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 20	After August 20 & On-site
NACHC Member Organizations (per person, per day)	\$625 _____	\$710 _____
Non-Member (per person, per day)	\$1,195 _____	\$1,375 _____

Visit www.nachc.com to register for Developing Effective FQHC (Proposal Writing), and Board Chair/CEO Partnership preconference trainings.

D. SPECIAL EVENT

Gala Celebration \$25 Number of Tickets _____ @ \$25 each (limit 20 per individual) Total \$ _____

Join us for an exciting night of dinner, dancing and an original performance by the hilariously funny "Water Coolers" as we celebrate Health Care Reform and NACHC's very own CEO, Tom Van Coverden on his 35th Anniversary with NACHC.

E. PRE and POST-CONFERENCE SESSIONS Please indicate your attendance at the following:

<input type="checkbox"/> Joint Commission Standards and Survey Process — Limited to 70 registrants	\$150**	\$ _____
<input type="checkbox"/> AAAHC Standards and Survey Process— Limited to 70 registrants	\$150**	\$ _____
<input type="checkbox"/> New Medical Directors Training	\$150**	\$ _____
<input type="checkbox"/> Board Member Boot Camp	\$150**	\$ _____

**REGISTRATION IS NECESSARY BUT FEE IS NOT REQUIRED IF YOU ARE ATTENDING &

PAYING THE FULL CONFERENCE FEE.

GRAND TOTAL ENCLOSED \$ _____

F. 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: _____

2010 ANNUAL CONVENTION AND COMMUNITY HEALTH INSTITUTE

September 10-14, 2010

Hilton Anatole
 2201 Stemmons Freeway
 Dallas, TX 75207
 1-800-955-4281

Three Ways To Register:

@ ELECTRONICALLY

Find this registration form on line at 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 August 20, 2010. See full conference registration section opposite.

NACHC CANCELLATION POLICY: All Cancellations must be in writing and must be received at NACHC on/before Friday, September 3, 2010.

- Cancellations received on/before September 3, 2010 will be assessed a \$100 processing fee. (Allow 8-9 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after September 3, 2010 are not refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- Substitutions are encouraged.
- "No Shows" are non-refundable.
- Participants sending registrations after Friday, September 3, 2010 will be handled as "On-site Registrants".

DO NOT mail your forms after **August 27, 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 #: _____