



NATIONAL FARMWORKERS HEALTH CONFERENCE: The Future of the Health Care Home



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.

2010 NATIONAL FARMWORKERS HEALTH CONFERENCE MAY 5-7, 2010 OMNI SAN DIEGO 675 L STREET SAN DIEGO, CA 92101 619-231-6664

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 April 14, 2010. See full conference registration section opposite.

NACHC CANCELLATION POLICY: All Cancellations must be in writing and must be received at NACHC on/before Wednesday, April 28, 2010.

- Cancellations received on/before Wednesday, April 28, 2010 will be assessed a \$100 processing fee. (Allow 8-9 weeks following the conclusion of the conference for all refunds.)
Cancellations received after Wednesday, April 28, 2010 are not refundable.
Cancellations after the conclusion of the conference are non-refundable.
'No Shows' are non-refundable.
Participants sending registrations after April 21, 2010 will be handled as 'On-site Registrants'.

DO NOT mail your forms after Wednesday, April 21, 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 #

NACHC Health Center Governance Program — If you would like to enroll in the NACHC 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.

Please complete: Board Chair/President, Board Member, Dentist, Clinical/Medical Dir., Nurse Practitioner, Registered Nurse, Other, Pharmacist, Physician, Osteopathic Phys., State/Fed. Empl., Exec. Dir./CEO, COO/Deputy Dir., Finance Dir./CFO, Accounting/Finance Personnel, Social Work, Information Technology Staff, Other Clinical, Other Mgmt.

B. TO REGISTER FOR FULL CONVENTION

Table with 3 columns: Registration type, On/Before April 14, After April 14 & On-site

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

[ ] Wednesday [ ] Thursday [ ] Friday

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

Table with 3 columns: Per person, per day, On/Before April 14, After April 14 & On-site

D. Spanish Translation Services

If you want this service, you MUST preregister.

Spanish translation available for the NACHC's board governance and general plenary sessions. This service must be requested with the submission of this registration form. On site registration for this service will not be available.

- I request Spanish translation for the board governance track of workshops AND general plenary session.
I request Spanish translation for the general plenary sessions only.

GRAND TOTAL ENCLOSED \$

E. 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