



NOTE: General Session will start at 3:00pm (instead of 3:30pm) on February 24th.

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.

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:

- | | | |
|--|--|---|
| <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

NACHC Member Organizations in Good Standing (Paid thru 3/31/10 or later)

Does not apply to Individual Memberships

- | | | |
|---|------------------|------------------|
| <input type="checkbox"/> First and second registrant from an organization | \$835 each _____ | \$910 each _____ |
| <input type="checkbox"/> Third or more registrants from same organization | \$810 each _____ | \$885 each _____ |

Non-Member Organizations

- | | | |
|---|--------------------|--------------------|
| <input type="checkbox"/> First and second registrant from an organization | \$1,640 each _____ | \$1,785 each _____ |
| <input type="checkbox"/> Third or more registrants from same organization | \$1,595 each _____ | \$1,740 each _____ |

Other

- | | | |
|--|-------------|-------------|
| <input type="checkbox"/> Federal Government Officials | \$835 _____ | \$910 _____ |
| <input type="checkbox"/> Full-Time Under-Graduate Students | \$480 _____ | \$535 _____ |

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

As an added bonus for all NACHC P&I 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)

- Thursday Friday Saturday

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

	On/Before February 3	After February 3 & On-site
NACHC Member Organizations (per person, per day)	\$600 _____	\$670 _____
Non-Member (per person, per day)	\$1,165 _____	\$1,310 _____

Visit www.nachc.com to register for the two POST CONFERENCE Trainings:

Proposal Writing Training

Board Chair / CEO Partnership Seminar

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

- | | | |
|---|---------|----------|
| <input type="checkbox"/> Board Member Boot Camp (Wed., Feb 24) | \$150** | \$ _____ |
| <input type="checkbox"/> JCAHO Training (Sat., Feb. 27) — Limited to 70 registrants | \$150** | \$ _____ |
| <input type="checkbox"/> New Medical Directors Training (Sat., Feb. 27) | \$150** | \$ _____ |

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

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: _____

2010

POLICY & ISSUES FORUM

FEBRUARY 24–28, 2010

Marriott Wardman Park Hotel
 2660 Woodley Road, NW
 Washington, DC 20008
 (202) 328-2000

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 February 3, 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, February 17, 2010.

- Cancellations received on/before Wednesday, February 17, 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, February 17, 2010 are not refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- “No Shows” are non-refundable.
- Participants sending registrations after February 10, 2010 will be handled as “On-site Registrants”.

DO NOT mail your forms after **Wednesday, February 10, 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 #: _____