

CONFERENCE REGISTRATION FORM* (Please duplicate for each registrant)
Please type. No telephone reservations will be accepted.

Exhibiting companies and exhibit personnel must register using the Exhibit Space Application.

A. ABOUT YOU

Name _____

Name on Badge _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone (_____) _____ Fax (_____) _____

Admin Contact _____ Phone (_____) _____

Special language needs? _____

Dietary needs (i.e. Kosher, Vegetarian, Food Allergies, etc.)? _____

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 beyond their individual session. No thanks, my session only.

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

B. TO REGISTER FOR FULL CONVENTION

	Early Bird On/Before March 26	After March 26 & On-site
First and second registrant from an organization	\$925 each _____	\$1,075 each _____
Third or more registrants from same organization	\$875 each _____	\$1,025 each _____
Full-Time Under-Graduate Students (MUST show current student ID on-site.)	\$500 each _____	\$500 each _____

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)

	Early Bird On/Before March 26	After March 26 & On-site
Per person, per day	\$675 _____	\$775 _____

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: _____

**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.*

**Conference for Agricultural
Worker Health**

April 23-25, 2024

Hyatt Regency Atlanta
265 Peachtree Street NE
Atlanta, GA 30303
Phone: (404) 577-1234

Three Ways To Register:



ELECTRONICALLY

Find this registration form online at <https://www.nachc.org/conference-page/conference-for-agricultural-worker-health/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 Tuesday, March 26, 2024.

NACHC CANCELLATION POLICY: All cancellations must be in writing and must be received at NACHC on/before Tuesday, April 16, 2024.

- Cancellations received on/before Tuesday, April 16, 2024 will be assessed a \$100 processing fee. (Allow 6–8 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after Tuesday, April 16, 2024 are non-refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- “No Shows” are non-refundable.
- Participants sending registrations after Tuesday, April 9, 2024 will be handled as “On-site Registrants”.

DO NOT mail your forms after **Tuesday, April 9, 2024** 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 #: _____