



CONFERENCE REGISTRATION FORM

(Please duplicate for each registrant)

Please type in the information below. Please refer to the right column for how to submit your registration form. Registration submissions will not be accepted via phone. Payment MUST be received with registration form.

A. ABOUT YOU

Name _____

Name on Badge _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone (_____) _____ Fax (_____) _____

Admin Contact _____ Phone (_____) _____

Dietary Needs (ex. Kosher, Vegetarian, Food Allergies, etc.) _____

I am a speaker/moderator/poster presenter Yes No

Speakers/Moderators/Poster Presenters qualify for a \$50 discount on registration fees and must register in order to participate beyond their individual session or poster presentation. Poster presenters are eligible to register for the conference at the NACHC member rate.

No thanks, my session only.

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

B. TO REGISTER FOR FULL CONVENTION (All prices for EACH registrant)

NACHC Member Organizations in Good Standing

Paid thru September 30, 2024 or later.
(Does not apply to Individual Memberships)

Early (Until 9/16/24)	Advance (Until 10/7/24)	Regular (as of 10/8/24)
\$1,040 _____	\$1,090 _____	\$1,240 _____

Non-Member Organizations

\$2,300 _____	\$2,350 _____	\$2,500 _____
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Other

Federal Government Officials

\$1,040 _____	\$1,090 _____	\$1,240 _____
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Full-Time Under-Graduate Students

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

\$750 _____	\$850 _____	\$900 _____
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C. TO REGISTER FOR ONLY ONE DAY (If NOT Attending FULL CONVENTION; All prices for EACH registrant. Please check appropriate day, includes full convention activities on a specific day.)

Monday Tuesday

NACHC Member Organizations (per person, per day)

Early (Until 9/16/24)	Advance (Until 10/7/24)	Regular (as of 10/8/24)
\$800 _____	\$850 _____	\$1,000 _____
\$1,800 _____	\$1,850 _____	\$2,000 _____

Non-Member (per person, per day)

TOTAL ENCLOSED: \$ _____

D. PAYMENT INFORMATION (Payment **MUST** be received with registration form.)

My check is enclosed and made payable to NACHC.

Please charge my: MasterCard Visa American Express

Card Number _____ Exp. Date _____

Name as it appears on card _____

Cardholder'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.*

FINANCIAL, OPERATIONS MANAGEMENT/ INFORMATION TECHNOLOGY CONFERENCE

October 28-29, 2024

Preconference Events:
October 27, 2024

Hilton San Francisco
Union Square
333 O'Farrell St
San Francisco, CA 94102
Phone: (415) 771-1400

THREE WAYS TO REGISTER



ELECTRONICALLY

Find this registration form on line at <http://www.nachc.org/conferences/fomit/registration/>. You may register automatically with a credit card or you can print the form and mail it with your check.



MAIL/EMAIL

Mail Registration to:
NACHC Meetings/Acct. Dept.
7501 Wisconsin Avenue
Suite 1100W
Bethesda, MD 20814
or email to
conferences@nachc.com



FAX

Fax 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 Monday, September 16, 2024. See full conference registration section opposite.

NACHC CANCELLATION POLICY:

All Cancellations must be in writing and must be received at NACHC on/before Monday, October 21, 2024.

- Cancellations received on/before Monday, October 21, 2024 will be assessed a \$100 processing fee. (Allow 6-8 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after Monday, October 21, 2024 are not refundable.
- Cancellations after the conclusion of the training are non-refundable.
- Substitutions are encouraged.
- "No Shows" are non-refundable.

DO NOT mail your forms after **Friday, October 4, 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 #: _____