

2012 NARHC Spring Institute Registration

Located at the **Hyatt Regency**
 123 Losoya St., San Antonio, TX 78205
 March 19-21, 2012 (Mon.-Wed.)

Name: _____ Title: _____

Phone: _____ Email: _____

Facility Name: _____

Provider-Based RHC
 Independent RHC
 Other

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Attendees: _____ Email: _____ Title: _____

Submit Conf. & Room Registrations Early! The Hyatt Deadline is Feb. 27 (or when full).

	<u>Early Discounted Conf. Registration by Feb 19*</u>	<u>Conf. Registration Feb 20-Mar 5*</u>	<u>Late Conf. Registration after Mar 5*</u>	<u>Quantity</u>	<u>Fee</u>
NARHC MEMBERS:					
1 st NARHC Member	\$400	\$450	\$500	_____	\$ _____
Additional Members (each)	\$325	\$375	\$425	_____	\$ _____
NON-MEMBERS:					
1 st Non-Member	\$500	\$550	\$600	_____	\$ _____
Additional Non-Members (each)	\$450	\$500	\$550	_____	\$ _____
			TOTAL	_____	\$ _____

*Registration Fee based on date payment received.
 Conference is 2½ Days Long. Sorry, there is no discount for attending fewer days.

Method of Payment: (Check one) Check Visa MasterCard (sorry, not Discover or Am. Express)

Credit Card #: _____ Expiration: _____ Security Code: _____

Name on Card: _____

Credit Card Billing Address: _____

Signature: _____ Amount: _____

Payment is requested in advance of the conference.

Mail to: **National Association of Rural Health Clinics**, 2 East Main Street, Fremont, MI 49412

FAX to: 866-311-9606 (if paying by Visa/MC) • Phone 866-306-1961

CANCELLATION POLICY: 30+ days prior to conference, NARHC will refund 100%.
 Cancellation 14-29 days prior to conference, NARHC will refund 50%.
 Cancellation 0-13 days prior to conference, there will be no refund.
 You may, however, send a substitute in your place. Please inform us 10+ days before conference!