



National Association of Rural Health Clinics
2021 NARHC Fall Institute Registration

Northern KY Convention Center – Oct 18-20, 2021 (M- W)
 1 W RiverCenter Blvd, Covington, KY 41011

Please verify 2021 NARHC member status prior to registering
 Refunds will NOT be provided if membership is paid after registration.

Member Non-Member

RHC/Organization Name: _____

Phone: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

	Early Registration <u>Thru Aug 31</u>	On-Time Registration <u>Sep 1-Oct 3</u>	Late Registration <u>Starts Oct 4</u>	<u>Qty</u>	<u>Fee</u>
NARHC Member	\$475	\$525	\$575	_____	_____
Non-Member	\$575	\$625	\$675	_____	_____
			Total	_____	_____

Payment Method Check Credit Card

Name on Card: _____

Card #: _____ Exp Date: _____ CVV: _____

Card Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact us if you do not receive a confirmation email.

Mail: NARHC, 2 E. Main St., Fremont, MI 49412 **Phone:** 866-306-1961 x2 **Email:** asst@narhc.org

CANCELLATION POLICY: To submit a cancellation request, visit the Cancellation tab on our events page. All cancellation refunds will incur a \$25 processing fee. Transfers to a future conference are not allowed.

100% - On or before September 18, 2021

50% - September 19, 2021 thru October 1, 2021

No Refunds – After October 1, 2021

Substitute Attendee – Substitutions will be allowed with advance notice

HOTEL ROOM RESERVATIONS:

You will have 2 hotel options to choose from. Hotel blocks will be closing September 26, 2021. Room rates begin at \$169/night at the Cincinnati Marriott RiverCenter and \$155/night for the Embassy Suites by Hilton Cincinnati RiverCenter.

Reserve your room at: <https://book.passkey.com/e/50150341>. *Rates & any concessions NARHC attendees receive, are NOT guaranteed through 3rd party online booking services.*

NARHC reserves the right to use any photographs/video taken during the conference for promotional purposes.

By submitting this form, you agree to be photographed and understand the cancellation policy.

Registrant Details

Please copy this page & fill this page out for EACH registrant

First Time Attendee? *Please let us know in advance if you require wheelchair access.*

Food Allergies/Restrictions: _____ Vegetarian

How did you hear about our conference? _____

Age: up to 30 30-39 40-49 50-59 60+

Job Category:

- Administration (CEO, CFO, COO, Director, etc.)
- Management (Clinic Managers, Office Managers, HR Managers, etc.)
- Medical Staff (MD, DO, PA, NP, RN, etc.)
- Finance, Billing & Coding
- Office Staff (Admin Assistant, Office Secretary, etc.)
- Other _____

Attendee Badge/APP Information

*Information used in our Event App is visible to those who register for either conference.
Emails will not be displayed; however, you will have the ability to email from within the app.*

Preferred Name _____

Job Title _____

Credentials _____

Name of RHC/Organization _____

RHC/Org's City & State _____

Email (**Attendees must provide their UNIQUE email**) _____

Cell Phone # (will not be displayed) _____

Registrants of the conference will receive an email from TripBuilder Media with your login information to our Event App prior to the start of the conference. For those who have not used our app previously, this is a vital piece that will enhance your experience at our conference. It will also allow you to have the chance to be entered into the prize drawings happening on day 2 of the conference! It is important that you allow notifications from the app.