



National Association of Rural Health Clinics
NARHC 2022 Fall Institute Registration

Talking Stick Resort – Oct 24-26, 2022
 9800 E Talking Stick Way Scottsdale, AZ 85256

Please verify 2022 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 Thru Sept 2	On-Time Registration Sept 3-Oct 2	Late Registration Starts Oct 3	Qty	Fee
NARHC Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575	_____	_____
Non-Member	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625	<input type="checkbox"/> \$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 **Email:** asst@narhc.org

CANCELLATION POLICY: Cancellations must be submitted using our cancellation form found on 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 5, 2022
- 50%** - September 6 - 30, 2022
- No Refunds** – After September 30, 2022
- Substitute Attendee** – Substitutions will be allowed with advance notice



HOTEL ROOM RESERVATIONS:

NARHC has a room block at the Talking Stick Resort. The hotel block will be **closing October 1, 2022**. Room rates begin at **\$189/night** + \$10/day resort fee for a single occupancy. Reserve your room at <http://bookings.ihotelier.com/bookings.jsp?groupID=3310039&hotelID=73351> or call 866-877-9897 opt. 2 and mention booking #20907 or National Association of Rural Health Clinics. *Rates & any concessions NARHC attendees receive, are NOT guaranteed through 3rd party online booking services.*

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? _____

Gender: Female Male Prefer not to answer

Age: up to 30 31-35 36-40 41-45 46-50 51-55 56-60 61+ Prefer not to answer

Job Category (Please select ALL that apply):

- Billing & Coding
- Clinic Manager/Administration
- Clinic Owner
- Compliance/Quality
- Consultant
- Hospital/Health System Administration (CEO, CFO, COO, Director, etc.)
- Medical Staff (RN, MA, CNA, etc.)
- Office Staff (Office Manager, Admin Assistant, Office Secretary, etc.)
- Provider
- Social Worker
- 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.

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.



NARHC 2022 Fall Institute Personal Accountability Commitment & Assumption of Risk and Liability Waiver

As a registered attendee for the National Association of Rural Health Clinics (NARHC) 2022 Fall Institute, you have read and agree to the Personal Accountability Commitment, the Assumption of Risk and Liability Waiver.

Personal Accountability Commitment: Any public space where other people are present holds an inherent risk of exposure to COVID-19 and other communicable diseases. I will take necessary precautions while at the event, including but not limited to, personal hygiene and hand sanitization, adherence to pathway signage, and self-monitoring and self-reporting.

You are asked to contact NARHC at admin@narhc.org if you experience symptoms of COVID-19 within 10 days after participating in a NARHC event. Any private health or personal data that may be received by NARHC in connection with such measures and precautions will be treated as confidentially as possible.

You should not attend a NARHC event if you are experiencing, or within the 10 days prior to the program have experienced, symptoms associated with the flu or COVID-19. You also should not attend if you believe that you may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the healthcare team responsible for your treatment.

Assumption of Risk: By submitting this registration, I acknowledge the contagious nature of COVID-19 and other communicable diseases, and I voluntarily assume the risk that I may be exposed to or infected by COVID-19 or other communicable diseases by attending this NARHC event, including the consequences of such exposure. It is my choice to participate in this event, knowing that attending this event may increase the risk of becoming exposed to and infected by COVID-19 or other communicable diseases. I voluntarily agree to assume the risk of contracting COVID-19 or other communicable diseases, and I accept sole responsibility for any injury or illness to myself or others.

Liability Waiver and Release: In consideration of being permitted to participate in the NARHC event, I hereby waive, release from liability, assume all risks, and covenant not to sue NARHC or its officers, board members, employees, agents, and representatives (the “NARHC Parties”) for any expense, loss, damage, personal injury (including loss of life, disability, or serious harm), property damage or theft, negligence, or actions (each, a “Loss”) resulting from or arising in connection with my travel to, attendance at, or participation in a NARHC event and any related activities unless said Loss is caused by the sole, gross negligence of NARHC. I further hereby release, agree not to sue, discharge, and hold harmless NARHC, its officers, board members, employees, agents, and representatives, from all Losses relating to COVID-19 or other communicable diseases. I understand and agree that this release includes any and all claims based on the actions, omissions, or negligence of NARHC, its officers, employees, agents, or representatives.

This assumption of risk and waiver applies even if the undersigned asserts that NARHC was at fault for not taking greater precautions to manage exposure or infection from COVID-19 and other communicable diseases. I agree that this waiver and release shall bind me and my personal representatives, shall be

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enforceable to the fullest and broadest extent of the law, and, if any portion is held invalid, the remainder should continue in full legal force and effect.

NARHC considers the health and safety of all those at in-person programs our top priority. During these challenging times, NARHC is committed to providing a safe and healthy environment for all our in-person program participants and staff. Although participants should recognize that there is risk involved in attending, NARHC will be following preventative measures to reduce the potential spread of the COVID-19 virus and other communicable diseases at its in-person event in accordance with guidance provided by CDC, and/or local or state government agencies, and its partnering hotel. NARHC staff will be trained in the knowledge necessary to monitor, enforce, and handle compliance with safety protocols and procedures.

Signature of Participant Date

Print Name

Date Signed