



National Association of Rural Health Clinics
NARHC 2023 Fall Institute Registration

Hilton Orlando Lake Buena Vista – Oct 2-4, 2023

1751 Hotel Plaza Blvd., Lake Buena Vista, FL 32830

Please verify your 2023 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: _____

	On-Time Registration Ends Sept. 4	Late Registration Sept 5-30	Qty	Fee
NARHC Member	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625	_____	_____
Non-Member	<input type="checkbox"/> \$675	<input type="checkbox"/> \$725	_____	_____
		Total	_____	_____
Payment Method		<input type="checkbox"/> Check	<input type="checkbox"/> 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: 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 August 18, 2023
- 50% - August 19, 2023, thru September 15, 2023
- No Refunds – After September 15, 2023
- Substitute Attendee – Substitutions will be allowed with advance notice



HOTEL ROOM RESERVATIONS:

NARHC has a room block at the Hilton Orlando Lake Buena Vista. The hotel block will be **closing September 3, 2023**. Room rates begin at **\$209/night** plus discounted daily resort fee of \$20 & taxes. This is a busy hotel, book your room before the block closes or fills up! Reserve your room at: <https://book.passkey.com/e/50444717>. *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

Do you plan on attending Monday's luncheon? Yes No

Will you be attending the social mixer on Monday evening? Yes No

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
- Hospital/Health System Administration (CEO, CFO, COO, Director, etc.)
- Compliance/Quality
- Consultant
- Non-Hospital/Health System Administration
- 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 our NEW event app Phedloop with your login information 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 conference prize drawings! 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.*