



National Association of Rural Health Clinics  
**Introduction to RHCs**  
 REGISTRATION FOR ON-LINE TRAINING

NARHC Member    Non-Member    PB    Ind    non-RHC   CMS/CCN \_\_\_\_\_  
 RHC/Organization Name \_\_\_\_\_  
 RHC/Org Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Company Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Payment is due at the time of registration.*

*Please select the appropriate option below. If ordering a printed workbook, please fill out shipping address.*

**NARHC Member Rate   FREE**   
**NARHC Non-Member Rate   \$50**   
**TOTAL   \$ \_\_\_\_\_**

Method of Payment: *(Check One)*   Check    Credit Card    Invoice Request   
 Credit Card # \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Amount \_\_\_\_\_  
 Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**SAVE the completed form to your computer, then email, or mail it to us along with payment.**  
 We will email you a payment confirmation within 1-2 business days of processing your payment. If you do not receive a confirmation, please call us.

# Registrant Details

Please fill out one form per participant. All fields **are required** to be registered.

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_ Personal Email \_\_\_\_\_

*Please note, cell phone and personal email are asked so that we can contact you in the event you were to leave your current position.  
It is your responsibility to update your profile on our website.*

**Please take a moment to answer these few questions. Your answers will provide us better insight into what the course is offering and how we can better serve those in their roles managing a Rural Health Clinic.**

- How long have you worked in your current position?  
 Less than a year       4-6 years       10+ years  
 1-3 years       7-9 years
- How long have you worked total in or with Rural Health Clinics?  
 Less than a year       4-6 years       10+ years  
 1-3 years       7-9 years
- How did you hear about the course? *(Please select only 1)*  
 Facebook       NARHC Newsletter       NARHC Forums  
 LinkedIn       NARHC Webinar       NARHC Website  
 NARHC Emails       Twitter       Word of Mouth
- Age & Gender  
 Up to 30       46-50       Prefer not to answer (age)  
 31-35       51-55       Male  
 36-40       56-60       Female  
 41-45       60+       Prefer not to answer (gender)

**BY SUBMITTING THIS FORM I AGREE TO THE FOLLOWING (please initial):**

\_\_\_\_\_ I have read and agree to the cancellation policy for this course.