



**National Association of Rural Health Clinics**  
**Certified RHC Professional™ (CRHCP)**  
**INVOICE REQUEST**

**A separate registration form (found online) will need to be sent in with this form.**

**Invoice to be made out to:** *Please only fill out the fields that are applicable to you and need to be included on the invoice.*

RHC/Organization Name \_\_\_\_\_

Attn: \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Information Needed:**

Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_

*If you are also attending the NARHC institute, the conference registration and hotel reservation fees are NOT included in the CRHCP registration fee.*

*Please select the appropriate option below*

**NARHC Member Rate** (no workbook) **\$450**

With digital workbook **\$485**

With spiral-bound printed workbook (includes digital file) **\$500**

**NARHC Non-Member Rate** (no workbook) **\$600**

With digital workbook **\$635**

With spiral-bound printed workbook (includes digital file) **\$650**

**TOTAL** \$ \_\_\_\_\_

SAVE the completed form to your computer, then email, or mail it to us. A separate registration form (found online) will need to be sent in with this form.

We will email you an invoice within 1-2 business days. If you do not receive an invoice, please call us.