



National Association of Rural Health Clinics

Intro to RHCs

REGISTRATION FOR ON-LINE TRAINING

NARHC Member  Non-Member

RHC/Organization Name \_\_\_\_\_  PB  Ind  Non-RHC

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ CMS/PTAN \_\_\_\_\_

NARHC MEMBER RATE FREE \$ \_\_\_\_\_

NON-MEMBER RATE \$50 \$ \_\_\_\_\_

Method of Payment: (Check One) Check  Credit Card

Credit Card # \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Amount \_\_\_\_\_

Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Billing Confirmation Email \_\_\_\_\_

Payment is expected at the time of registration.

SAVE this form to your computer, then email, or mail it to us!

We will email you a payment confirmation within 1-2 business days. If you do not receive a confirmation, please call us.

Registrant Details

Please fill out one form per participant

Name \_\_\_\_\_ Job Title \_\_\_\_\_

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

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.

- 1. How long have you worked in your current position? \_\_\_\_\_
- 2. How long have you worked total in or with Rural Health Clinics? \_\_\_\_\_
- 3. How did you hear about the course? \_\_\_\_\_

Mail to: NARHC, 2 East Main Street, Fremont, MI 49412