

NRHA Conference Registration

Rural Health Clinic Conference

Sept. 26-27, 2017

Critical Access Hospital Conference

Sept. 27-29, 2017

Kansas City, Mo.

Don't miss the largest, most important events on the calendar for rural health clinic and critical access hospital administrators, leaders and staff.

Sign up by **Aug. 31** and take advantage of early registration rates.

Hotel Information:

Sheraton Crown Center

2345 McGee

Kansas City, Mo. 64108

800-325-3535

Mention NRHA to receive our discounted room rate.

Registration options

Online: RuralHealthWeb.org/kc

By mail: National Rural Health Association
4501 College Blvd., Ste. 225, Leawood, Kan.
66211 *(Please include payment with registration form.)*

Questions? Call 816-756-3140 or email
registration@nrharural.org.

Cancellation policy: Cancellations made at least 3 weeks prior to the event will be charged a 30% administrative fee. No refunds for cancellations after this date.

Sign me up for both the Rural Health Clinic Conference and the Critical Access Hospital Conference.

Register for both conferences and receive \$100 off the total price.

Sign me up for the Rural Health Clinic Conference.

Early registration rate, deadline Aug. 31:

\$319 NRHA member \$419 Non-member*

After Aug. 31:

\$369 NRHA member \$469 Non-member*

Sign me up for the Critical Access Hospital Conference.

Early registration rate, deadline Aug. 31:

\$489 NRHA member \$589 Non-member*

After Aug. 31:

\$569 NRHA member \$669 Non-member*

Industry representative who provides services on products

Before Aug. 31:

\$1,049 NRHA member \$1,149 Non-member*

After Aug 31:

\$1,129 NRHA member \$1,229 Non-member*

Students receive a 50 percent discount on all conference rates. *Price includes a one-year complimentary membership for first-time NRHA members.

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment: Check or purchase order (payable to NRHA)

Credit Card: Visa MasterCard Discover American Express

Card number: _____ Expiration date: _____ Security code: _____

Name on card: _____ Billing zip code: _____ Signature: _____

