

NRHA Conference Registration

2019 Rural Health Clinic Conference Sept. 17-18

2019 Critical Access Hospital Conference Sept. 18-20

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. 16 and take advantage of early registration rates.

Conference venue:

Sheraton Crown Center
800-325-3535

Mention NRHA to receive our discounted room rate.

Registration options

Online: RuralHealthWeb.org/rhc
RuralHealthWeb.org/cah

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 (Aug. 16 deadline)

- \$339 members
- \$439 non-members*
- \$170 students

Registration

- \$389 members
- \$489 non-members*
- \$195 students

Sign me up for the Critical Access Hospital Conference.

Early registration (Aug. 16 deadline)

- \$509 members
- \$609 non-members*
- \$255 students

Registration

- \$589 members
- \$689 non-members*
- \$295 students

Industry representative who provides services or products

- \$1,069 members
- \$1,169 non-members*
- \$1,149 members
- \$1,249 non-members*

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: _____

