

# NRHA Conference Registration

**2018 Rural Health Clinic Conference** Sept. 25-26

**2018 Critical Access Hospital Conference** Sept. 26-28

**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 Sept. 7 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 (Sept. 7 deadline)**

- \$329 members
- \$429 non-members\*

**Registration**

- \$379 members
- \$479 non-members\*

### Sign me up for the Critical Access Hospital Conference.

**Early registration (Sept. 7 deadline)**

- \$499 members
- \$599 non-members\*

**Registration**

- \$579 members
- \$679 non-members\*

**Industry representative who provides services on products**

- \$1,059 members
- \$1,159 non-members\*
- \$1,139 members
- \$1,239 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: \_\_\_\_\_

