



## WONCA World Rural Health Conference

Albuquerque, New Mexico, USA

Albuquerque Convention Center

October 12-15, 2019

### WONCA World Rural Health Conference Rates

All rates in U.S. dollars

#### Early attendee registration (before August 30)

- Upper-income country of origin\* (UMIC) \$795
- Lower-income country of origin\* (LMIC) \$395
- Residents / Nurses / PAs \$595
- UMIC Students or young doctors+ \$295
- LMIC Students or young doctors+ \$148

#### Attendee registration (after August 30)

- Upper-income country of origin\* (UMIC) \$995
- Lower-income country of origin\* (LMIC) \$495
- Residents / Nurses / PAs \$695
- UMIC Students or young doctors+ \$325
- LMIC Students or young doctors+ \$163

\*Check your eligibility for country-specific rates [here](#).

WONCA direct members will receive a discount upon request.

Book your hotel accommodations early at [these contracted hotels](#). Mention the WONCA conference to receive discounted rates.

### Registration Options

Online: [WRHC19.org](http://WRHC19.org)

By email: [registration@nrharural.org](mailto:registration@nrharural.org)

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

Questions? Call (+1) 816-756-3140

Cancellation Policy: Cancellations made at least three weeks prior to the event will be charged a 30% administrative fee.

+NOTE: WONCA defines *young doctor* as a doctor in residency training and for the five years after that, or five years from full registration for those who do not undertake residency training.

## Explore rural health in the land of enchantment

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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: \_\_\_\_\_



Hosted by the  
University of New Mexico Health Sciences Center  
and the National Rural Health Association