

NRHA Conference Registration

Rural Health Clinic Conference

Sept. 20-21, 2016

Critical Access Hospital Conference

Sept. 21-23, 2016

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. 11, 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. 11:

\$309 NRHA member \$409 Non-member*

After Aug. 11:

\$359 NRHA member \$459 Non-member*

Sign me up for the Critical Access Hospital Conference.

Early registration rate, deadline Aug. 11:

\$479 NRHA member \$579 Non-member*

After Aug. 11:

\$559 NRHA member \$659 Non-member*

Industry representative who provides services or products

Before Aug. 11:

\$949 NRHA member \$1,049 Non-member*

After Aug. 11:

\$1,049 NRHA member \$1,149 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: _____ E-mail: _____

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: _____

