

Please print clearly. Use a separate form for each registrant; duplicate as necessary.

Complete name	Member #
Organization	Title
Work address	City/State/ZIP
Home address	City/State/ZIP

Preferred mailing address ( Home Work)

Work phone Fax

E-mail\* ( Home Work) **\*You will receive an e-mail confirmation of your registration when it has been processed.**

In case of emergency during the conference, please contact this person:

Name Daytime phone Evening phone

To register, complete steps A-D and indicate the total in step E:

<p><b>A) Full Conference Registration, September 18-20, 2017</b></p> <table border="1"> <thead> <tr> <th></th> <th>Presale rate on or before January 31</th> <th>Early-bird rate on or before July 24</th> <th>Regular rate after July 24</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>\$799</td> <td>\$899</td> <td>\$1,099</td> </tr> <tr> <td>Member with Renewal Dues &amp; Join &amp; Register</td> <td>\$964</td> <td>\$1,098</td> <td>\$1,298</td> </tr> <tr> <td>Non-Member</td> <td>n/a</td> <td>\$1,499</td> <td>\$1,699</td> </tr> </tbody> </table> <p style="text-align: center;">Subtotal A \$</p>		Presale rate on or before January 31	Early-bird rate on or before July 24	Regular rate after July 24	Member	\$799	\$899	\$1,099	Member with Renewal Dues & Join & Register	\$964	\$1,098	\$1,298	Non-Member	n/a	\$1,499	\$1,699	<p><b>B) Guest Pass</b></p> <table border="1"> <thead> <tr> <th></th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Guest Pass (GUEST)</td> <td>\$199</td> </tr> </tbody> </table> <p>Guest Name(s) _____</p> <p style="text-align: center;">Subtotal B \$</p>		Rate	Guest Pass (GUEST)	\$199	<p><b>Cancellation Policy:</b> ALL CANCELLATIONS MUST BE MADE IN WRITING.</p> <p>A \$75 processing fee will be charged for all cancellations. No refunds will be made on cancellations postmarked after September 1, 2017.</p> <p><i>Thank you for your registration.</i> Tax ID # 95-3062349</p>
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<p><b>C) Pre conference Workshops</b></p> <table border="1"> <thead> <tr> <th></th> <th>CPHQ Review Course (RC0917OH) September 16 &amp; 17, 8am-5pm</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>\$479</td> </tr> <tr> <td>Non-Member</td> <td>\$679</td> </tr> </tbody> </table> <p style="text-align: center;">Subtotal C \$</p>		CPHQ Review Course (RC0917OH) September 16 & 17, 8am-5pm	Member	\$479	Non-Member	\$679	<p><b>D) Tell us about yourself and any special request</b></p> <p>(FTA) This will be my first NAHQ Conference.          (VA) I will need a vegetarian meal.          (OTH) I have other need. Please call me.          (DIS) I do not wish to have my name and contact information included in the online attendee list.</p>	<p><b>4 easy ways to register</b></p> <p><b>Online</b> <a href="http://www.nahq.org/nahqnext">www.nahq.org/nahqnext</a> (Credit card payment only)</p> <p><b>Mail</b> PO Box 3781 Oak Brook, IL 60522</p> <p><b>Phone</b> 800.966.9392 (U.S. only) 847.375.4720 (Outside U.S.) Mon-Fri, 8 am-5 pm CT (Credit card payment only)</p> <p><b>Fax</b> 847.375.6320 (U.S. only) (Credit card payment only)</p> <p><b>If you fax this form, please do not mail the original.</b></p>														
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<p><b>E) Total Amount A+B+C= \$</b></p>																						

**Payment** (must accompany registration form)

Check (enclosed, made payable to NAHQ) • Checks not in U.S. funds will be returned. • A charge of \$20 will apply to checks returned for insufficient funds.  
 • If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged. • **IF YOU FAX THIS FORM, PLEASE DO NOT MAIL THE ORIGINAL.**  
 I authorize NAHQ to charge the credit card listed below amounts reasonably deemed by NAHQ to be accurate and appropriate.

Account number Expiration date Card Type  
 (ex. Visa, MC, Discover, American Express)

Signature

Cardholder's name (Please print.)