

2 EASY WAYS TO REGISTER

FAX: Complete both pages of the registration form and fax to (202) 216-9646

MAIL: NAHC 30999 W. 10 Mile Rd. Farmington Hills, MI 48336



Step 1: FOR INDIVIDUALS COMPLETING REGISTRATION

Please make copies of this form for multiple registrations. Please print or type.

Coop/Organization: _____

Name: _____

Phone Number: _____ Email Address: _____

Step 2: ATTENDEE PROFILE REGISTRATION INFORMATION

First Name: _____ Last Name: _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

(Please include for confirmation and updated communications)

Do you have special dietary requirements? (please describe): _____

Do you have special access needs? (please describe): _____

Please select all that apply I am on a Cooperative Board I am a Professional in the Cooperative Field
 I am a first-time attendee

Step 3: CONFERENCE REGISTRATION FEES

Registration fees include admission to all sessions, the Exhibit Hall, the Opening Reception, the Luncheon on Thursday and the Strut Your Stuff: Cooperative Pride Luncheon on Friday.

	Early By August 9	Regular By September 27	Late After September 27
<input type="checkbox"/> First NAHC Member	\$885	\$985	\$1,085
<input type="checkbox"/> Additional NAHC Member	\$810	\$910	\$1,025
<input type="checkbox"/> Non Member	\$1,010	\$1,170	\$1,125

TOTAL CONFERENCE FEES \$ _____

Step 4: RCM CERTIFICATION COURSE FEES

The RCM Certification Course is an additional fee separate from the conference. If you plan to be RCM Certified, you must register below.

	Regular By September 27	Late After September 27
<input type="checkbox"/> Member	\$700	\$750
<input type="checkbox"/> Non Member	\$775	\$850

TOTAL RCM COURSE FEES \$ _____

Step 5: RCM RECERTIFICATION ETHICS COURSE FEES

If you are already RCM Certified and need to recertify you must register below for this course. It is an additional fee separate from the conference.

	Regular By September 27	Late After September 27
<input type="checkbox"/> Member	\$125	\$175
<input type="checkbox"/> Non Member	\$175	\$225

TOTAL RCM RECERTIFICATION COURSE FEES \$ _____

Attendee Name: _____

Step 6: LUNCH TICKETS

Some attendees prefer to not eat at the meal functions that are included in the above registration fees. The meals are factored into the registration fee, so you are entitled to one ticket to eat with the group, however, you must indicate below which meal functions you plan to attend in order to receive a ticket in your registration packet. Additional guest meal tickets will be available for purchase onsite at the conference registration desk.

I plan to attend the following:

- Luncheon on Thursday
- Strut Your Stuff: Cooperative Pride Lucheon on Friday

Step 7: CONFERENCE TOTALS

Cancellation Policy

All cancellations must be received in writing to NAHC via mail, email or fax. A refund less an administrative fee of \$300 per registration will be issued if received by Wednesday, October 4, 2023. Due to financial obligations incurred by NAHC, no refunds will be issued on cancellations received after October 4, 2023. Substitutions from the same company will be permitted at any time prior to the meeting start date without penalty. ALL refunds will be processed after the conference.

TOTAL CONFERENCE FEES	\$ _____
Step 3, Page 1	
TOTAL RCM COURSE FEES	\$ _____
Step 4, Page 1	
TOTAL RCM RECERTIFICATION FEES	\$ _____
Step 5, Page 1	
GRAND TOTAL	\$ _____

WAIVER AND HOLD HARMLESS

I acknowledge that travel and convening have inherent risks of being infected with communicable diseases. I agree to release and hold harmless NAHC and its representatives from and against any claims, losses or damages arising from my contracting or spreading any communicable disease in connection with travel to or participating in NAHC events. I agree to follow all applicable laws and any procedures and protocols announced by NAHC.

- I agree to follow all applicable laws and protocols

Step 8: PAYMENT METHOD NAHC requires pre-payment in order to process your registration.

Check # _____

- Mastercard
- Mastercard Debit Card
- Visa
- Visa Debit Card
- American Express

Card No. _____ Security Code _____ Exp. Date _____

Name on Card _____

Billing Address _____
Exactly as it appears on the credit card statement (including city, state and zip)

Signature _____

**Mail or fax this form with payment to:
 NAHC**

30999 W. 10 Mile Rd. • Farmington Hills • MI 48336 • Tel: (202) 737-0797 • Fax: (202) 216-9646