



Discounted Registration Form

Three Easy Ways to Register:

1. ONLINE: Register online at www.nahc.org/meetings/AM/12

2. FAX: Send registration form and credit card to (202) 547-3660

3. MAIL: NAHC AM12 Registration
P.O. Box 37558
Baltimore, MD 21297-3558

Step 1: Registration Information

First Name: _____ MI: _____ Last Name: _____

Job Title: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

(to which confirmation should be sent)

Many of our exhibitors request a list of conference attendees so they can send you invitations to special events. You have the option to receive invitations or not. You will receive them unless you specifically tell us no by checking this box.

First time attending Annual Meeting?

Step 2: Registration Categories and Fees (Please check one category and fee):

Registration Discounts:

A special discount will be applied to companies sending more than 4 attendees, please call (202) 547-7424.

Please check one category and fee:

	Early Bird June 15, 2012	Advance July 15, 2012	Regular October 14	Onsite after October 14
<input type="checkbox"/> NAHC Member, Full Conference	<input type="checkbox"/> \$700	<input type="checkbox"/> \$800	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,000
<input type="checkbox"/> Potential Member, Full Conference	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$1,500
<input type="checkbox"/> CEO Leadership School, Sunday, Oct. 21, 9 a.m. to 3 p.m. <input type="checkbox"/> \$200 Member / <input type="checkbox"/> \$250 Non Member <i>sponsored by the Caring Institute</i>				

Forms & fees MUST BE RECEIVED by specified date to ensure discount. Daily Registrations and Exposition Hall Only Passes are available onsite.

Step 3: Payment Method for Fees

Amount due from Step 2: \$ _____

Total enclosed: \$ _____

Payment by credit card:

Visa MasterCard Amex Discover

Card Number: _____ Exp. Date: _____

Cardholder's Name: _____ Signature: _____

Payment by check:

Amount: \$ _____ Check #: _____ (Payable to: **NAHC**)

For More Information:

(202) 547-7424
meetings@nahc.org

Cancellation Policy:

- Cancellations and refund requests must be made in writing to NAHC prior to September 30, 2012, cancellation fees may apply.