Finance Essentials Academy

September 10-11, 2019

Crowne Plaza Charlotte

5700 Westpark Drive

Charlotte, NC 28217 United States



**Please Complete this section in its entirety:**

First Name:       Last Name:       Title:

I work at: FQHC/Lookalike [ ]  Free/Charitable Clinic [ ]  Rural Health Center [ ]  Other [ ]

If Other, please describe:       Organization Name:       Address:       City:

State:       Zip:       Email:       Phone:
List any special dietary requirements here:

Please check if you have Special needs\*: [ ]  \*Attach a separate sheet with information.

**REGISTRATION FEES** (*includes workshop materials, meals, and breaks)*Registration open until **September 3, 2019** No onsite registrations will be accepted.

[ ]  Full Training Registration Fee: $375.00

**Total Payment:** $375.00

**PAYMENT INFORMATION:** Payment (check) must accompany registration form.

***Credit card payments must be made online.***

**Submit Registration Form To:**NC Community Health Center Association

To pay with a credit card (fax or mail):

Fax form to 919.469.1263 attn: Paige

Mail form to: NCCHCA, 2500 Gateway Center Blvd, Suite 100, Morrisville, NC 27560 ATTN: Paige
Name as it appears on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Credit Card: □ Visa □ MasterCard □ American Express
Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTN: Finance Department

4917 Water’s Edge Drive, Suite 165

Raleigh, NC 27606

Fax: (919) 469-1263

***NCCHCA Cancellation & Refund Policies***Notice of cancellation must be postmarked by August 20, 2019 for a partial refund, less a $50.00 administrative fee. No refunds will be given after August 20, 2019; however participant substitutions from the same organization can be accommodated upon request. Please allow sixty days post-conference for refunds to be processed. No Shows are Non-refundable.

*Other Administrative Fees*

NCCHCA will charge a $25.00 administrative fee for registrations that have been previously processed and/or require re-submission due to incorrect selection of registration fees or denial of payment for any reason.

*Photos and Video*

NCCHCA may document the conference for promotional purposes. Your participation may be filmed or photographed at this event. Your registration is your consent for use of these images and recordings by NCCHCA.

FOR NCCHCA USE ONLY:

Date Received\_\_\_\_\_\_\_\_\_ Amt. Enclosed\_\_\_\_\_\_\_\_\_\_\_ Check