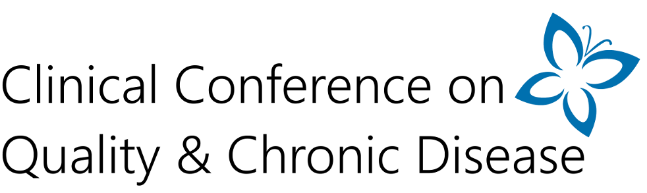
**North Carolina Community Health Center Association  
Clinical Conference on Quality and Chronic Disease  
Hilton Durham Near Duke University**

**3800 Hillsborough Road  
Durham, NC 27705-2328  
April 9-10, 2020  
REGISTRATION FORM**

Please **TYPE** into form and provide your name as you wish it to appear on your conference name badge.  
A separate form must be submitted for **EACH** registrant. This form is only for use with check payments.

**ATTENDEE INFORMATION  
First Name**: First **Last Name**: Last **Credentials**: Credentials  
**Title/Position**: Title **Organization**: Organization  
**Type of Organization** Choose a type **If Other, describe:** Describe organization  
**Address**: Address   
**City**: City **State**: State **ZIP Code**: ZIP Code  
**Work Phone**: (Area Code) Phone Number **Work Email**: Email **Special Needs and/or Diet** —Describe below any accommodations needed (or attach a separate sheet).

Reasonable accommodation will be made:  
Describe accommodation neeeded

**REGISTRATION INFORMATION - No on-site registrations please; late fee will apply and space is not guaranteed.**

Conference registration fees: Please note registration dates/prices below. **Registration will close on March 31, 2020.**

*Mailed payments must be received by March 31, 2020.* Registration Fee - $200.00

**PAYMENT INFORMATION**  
**Payment must accompany registration form**. Forms without payment will **not** be processed.  
**Amount enclosed**: $200.00. Make check payable to **NCCHCA**.  
**Submit this form and payment to:**North Carolina Community Health Center Association - ATTN: Finance Department  
4917 Waters Edge Dr., Suite 165  
Raleigh, NC 27606-2459  
**To pay by** **credit card**, register online at http://www.ncchca.org/event/2020ClinicalConference.

**CANCELLATION/REFUND POLICY**Written notice of cancellation must be postmarked by **Thursday, March 26, 2020** for a partial refund, less a $50.00 administrative fee. No refunds will be given after this day; however participant substitutions can be accommodated upon request and approval. Please allow sixty days post-conference for refunds to be processed.

**OTHER ADMINISTRATIVE FEES**NCCHCA will charge a $25.00 administrative fee for each registration that has been previously processed and/or requires re-submission due to incorrect selection of registration fees or denial of payment for any reason.

**PHOTOGRAPHIC/VIDEO CONSENT STATEMENT**Registration for attendance or participation in this event and associated activities constitutes an agreement by registrant to permit NCCHCA to use and distribute the registrant or attendee’s image or voice in photographs, videotapes, electronic reproduction, audiotapes, and such events and activities.

**FOR NCCHCA USE ONLY**Received: \_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_  Check/Money Order #\_\_\_\_\_\_\_\_\_\_\_\_\_   
Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_