

Please TYPE all information as you wish it to appear on your conference badge. Complete a separate form for EACH registrant.

Name: _____

Job Title: _____

Organization: _____

Address: _____

City: _____ State: _____

Zip: _____

Work Phone: _____ Email: _____

¿Necesita servicios de interpretación? Si No

Please check if you have special needs or dietary restrictions. Please describe (attach a separate page if necessary) _____

Photographic/Video Consent Statement: Registration for attendance or participation in this event and associated activities constitutes an agreement by registrant to permit NCCCHA to use and distribute the registrant or attendee's image or voice in photographs, videotapes, electronic reproduction, audiotapes, and such events and activities.

PLEASE TELL US MORE ABOUT YOURSELF (Answers to all questions are required):

How many years have you been involved in farmworker health?

0 1 2 3 4 5 6 7 8 9 10 or more

How many East Coast Migrant Stream Forums have you attended?

0 1 2 3 4 5 or more

Select the category that best describes your primary occupation? (Required – Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Dental Provider | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Board member | <input type="checkbox"/> Executive Director/CEO | <input type="checkbox"/> Migrant Director/Coordinator |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Farmworker | <input type="checkbox"/> Migrant Education Rep |
| <input type="checkbox"/> Clinical Director/Manager | <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Community Health Worker/Promotores(as) |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Nurse | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Outreach Worker | <input type="checkbox"/> Physician | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Program Coordinator/Director | <input type="checkbox"/> Researcher | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Other – Please specify: _____ | | |

Type of organization

- | | |
|--|---|
| <input type="checkbox"/> Community Health Center (FQHC) | <input type="checkbox"/> Government Organization/Agency |
| <input type="checkbox"/> Health Center/Clinic (non-FQHC) | <input type="checkbox"/> Philanthropic Foundation |
| <input type="checkbox"/> Rural Health Center | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Primary Care Association | <input type="checkbox"/> Other – Please specify: _____ |
| <input type="checkbox"/> Community Based Organization | |
| <input type="checkbox"/> Academic Institution | |
| <input type="checkbox"/> Agriculture Industry (Ag employer, AG contractor, Grower's association, etc.) | |

How did you hear about the Forum? (Email, Website, Friend, etc.) _____

REGISTRATION FEES (includes bag/padfolio, learning materials, meals, and entertainment)

Registration closes one week prior to Conference: March 29, 2023. Late or onsite registrations will include a late registration fee of \$125.00. Late registrations cannot be completed online.

	By March 1, 2023 (full Registration only)	After March 1, 2023
Full Conference Registration	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375
4 th Paid Registrant or More from Same Organization		<input type="checkbox"/> \$350
(ALL Group Registrations must be submitted together)		
Student (Must Fax ID)/Agricultural Worker/Lay Health Worker		<input type="checkbox"/> \$325
One-Day Ticket (Thursday, April 8, 2023)		<input type="checkbox"/> \$200
Optional: Local Site Visit Tour (Wednesday, April 7, 2023)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
TOTAL \$ _____		

PAYMENT INFORMATION Payment (Check or money order) must accompany registration form. **Forms without payment will not be considered.** To pay by credit card, register online.

Amount enclosed: \$ _____

Submit registration form with payment to:
NC Community Health Center Association
ATTN: Finance Department
4917 Waters Edge, Suite 165
Raleigh, NC 27606

Cancellation/Refund Policy: Full conference registrations fees are listed. Notice of cancellation must be postmarked by March 1, 2023, for a partial refund, less a \$50.00 administrative fee. No refunds will be given after March 1, 2023; however, participant substitutions can be accommodated. Please allow sixty days post-conference for refunds to be processed.

Other Administrative Fees: NCCCHA 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.

FOR NCCCHA USE ONLY

Date Received:

Payment Amount Enclosed:

Check

Money Order