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| **REGISTRATION FORM****for INTERNATIONAL PARTNERS** |  |
| **ATTENDEE INFORMATION** | **❑** **This is my first National Conference**  |
| FIRST NAME | NICKNAME (for badge) | LAST NAME | SUFFIX |
| TITLE | COMPANY |
| MAILING ADDRESS |
| CITY | STATE | ZIP/POSTAL CODE |
| WORK PHONE | WORK FAX |
| ATTENDEE EMAIL ADDRESS: | CC: EMAIL ADDRESS: |
| *\* Attendee e-mail address is required to receive conference confirmation and related information as well as access to conference handouts.* |
| **REGISTRATION FEES:** |  |
| ***Please select your registration category:*** | ***Register in advance by September 23*** |
|  |
| ❑ INTERNATIONAL PARTNER | ❑ $346.50 |
| ❑ GUEST  | ❑ $295 |
| GUEST NAME *A guest is a spouse/friend, not a co-worker or work colleague.* |
|  | **Registration Fees TOTAL** | **$** |
| **NOTE: Conference registration (for registered attendees and registered guests) includes admission to the Welcome Reception, all plenary sessions, concurrent sessions, continental breakfasts and exhibit hall events. All unregistered guests, including children, must have a ticket to attend the Welcome Reception and all exhibit hall events.**  |
| **ADDITIONAL FEES:**  |  |
| ❑ Add-on**:** Commissioners’ Fundamentals Seminar (4 part seminar - pre-selected sessions) | ❑ $200 | $ |
| ❑ Add-on: EthicsforCommissioners’ Seminar (4 part seminar - pre-selected sessions) | ❑ $200 |  |
| ❑ Certification Exam – Thursday, October 10; 1:00pm – 3:00pm***\*Not available for those signed up for any of the Commissioners’ Seminars***  | ❑ $200 Member ; ❑ $300 Non-Member  | $ |
| ❑ Ticket for H/CD Study Tour – Thursday, October 10; 1:45pm – 4:00pm ***\*Not available for those signed up for any of the Commissioners’ Seminars*** | ❑ $25 X ticket(s) | $ |
|  | **Additional Fees TOTAL**  | **$** |
| **PAYMENT INFORMATION:**  | **GRAND TOTAL** | **$** |
| ❑ Check payable to NAHRO (Check No. )  | ❑ Visa  | ❑ MasterCard  | ❑ American Express |
| Credit Card Number |  | Expiration Date |  |
| Cardholder Name |  |
| Cardholder Signature |  |
| Total Amount Due |  |
| *The signatory of this form agrees to accept and pay all applicable charges, including adjustments to reflect correction of arithmetic errors based on the events chosen and your company’s current membership status with NAHRO. Moreover, the signatory specifically authorizes NAHRO to charge any such amounts to the credit card referenced on this form.* |
| **REMITTANCE –**  |
| **By Mail with Check/Credit Card Payment:**NAHRO Registration, P.O. Box 90487, Washington, DC 20090 | **By Fax:**  202-289-8181 |
| CANCELLATION POLICY/LIABILITY WAIVER: By submitting this form, you agree to have read and understand the terms and conditions of the Cancellation Policy and Liability Waiver. To read in full, please visit the “Registration” page on the National Conference section of the NAHRO website. NOTE: *Confirmations will be emailed within three (3) business days.* **QUESTIONS:** Contact the NAHRO Conference hotline at (800) 842-6225 or e-mail conferenceregistration@nahro.org |
| **SPECIAL NEEDS:** *Please contact NAHRO’s Conference team via e-mail at conferenceregistration@nahro.org or phone at (800) 842-6225 regarding special dietary requests and or physically challenging barriers* |