



ONSITE REGISTRATION FORM

One registration form must be completed for each person planning to attend the 2016 Public Health Informatics Conference.

Full Name: _____

Degrees: _____ Badge Nickname: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Privacy Policy:

The 2016 Public Health Informatics Conference provides pre- and post-show attendee lists to our sponsors and exhibitors, sharing names, titles, and mailing address. Exhibitors and sponsors utilize this list to distribute information regarding products and services, as well as to provide information concerning specific events at the 2016 Public Health Informatics Conference. Please indicate your preference concerning the Public Health Informatics Conference attendee list and promotional mailings.

- Yes, my information MAY be distributed to exhibitors and sponsors.
- No, my information may NOT be distributed to exhibitors and sponsors.

Public Health Informatics Conference Photography Policy:

By attending the Public Health Informatics Conference, you acknowledge that photographs and/or videos of you may be taken by our conference staff and/or hired photographers at any time. Furthermore, you grant the Public Health Informatics Conference permission to use photographs and/or video of your likeness in any type of media, including websites and print publications, without compensation or reward.

Registration Type

RATE

FULL CONFERENCE

- For Profit Organization \$850
- For Profit Organization—Group* \$750
- Non Profit/Gov't Organization \$625
- Non Profit/Gov't Organization—Group* \$525
- Student** \$150

SPEAKER, MODERATOR, OR POSTER PRESENTER REGISTRATION:

- Full Conference \$500
- Single Day (Sunday) \$225
- Single Day (Monday) \$225
- Single Day (Tuesday) \$225

SINGLE DAY REGISTRATION:

- Sunday \$275
- Monday \$275
- Tuesday \$275

EXHIBIT HALL ONLY:

- Exhibit Hall Only \$150

*Groups are 5 or more attendees. Rates listed are PER PERSON

**Students must submit ID or transcript as proof of enrollment.

Continuing Education is now included in the cost of your registration!

Attendee Survey

Please select the agency/organization:

- Association/Non-Profit
- Local Health Department
- Other Local Government Agency (E.G. Emergency MGMT)
- State Health Department
- Other State Government Agency
- Federal Agency
- Hospital/Health Care Provider
- Private Industry/Consulting Firm
- Medical Reserve Corps/Citizen Corps
- University/Academic Institution
- Other: _____

Position/level within your organization:

- Agency Leader
- Behavioral health staff
- Business and financial operations staff
- Community health worker
- Consultant
- Environmental health worker
- Epidemiologist/Statistician
- Health educator
- Information systems specialist
- Licensed practical or vocational nurse
- Nursing and home health aide
- Nutritionist
- Oral health care professional
- Policy Analyst
- Preparedness staff
- Professor/Faculty
- Program Manager
- Public health physician/Medical Doctor
- Public information professional
- Registered nurse
- Student
- Other: _____

How did you learn about Informatics 2016?

- A colleague/ co-worker
- I attended a previous NACCHO Annual conference
- NACCHO website/social media
- NACCHO Publication (e.g. Exchange/Connect/ NACCHO blog)
- A NACCHO Annual e-mail, postcard or flyer
- The NACCHO Annual official website
- Other: _____

How long have you worked in public health? _____

Is this your first NACCHO Conference? Y N

I plan to attend the Grand Awards Reception? Y N

Payment Information:

We must receive payment in full or complete PO with invoice reference at the time of registration.

Credit Card Payments: Informatics accepts Visa, MasterCard, and American Express. Please include your payment information below.

Check Payments: All check payments must be in US funds drawn on a US bank. Make checks payable to NACCHO.

ADVANCE REGISTRATION IS CLOSED. THIS FORM WILL NOT BE ACCEPTED BEFORE THE CONFERENCE. Complete this form and bring it with you to the Onsite Registration counter.

Cancellation/Refund Policy:

Refunds are limited to conference fees paid, and do not include any travel, lodging, transportation, or other fees paid independently of conference registration at the time of refund request. No-shows and onsite purchases are non-refundable.

All refund requests must be submitted in writing, to informaticsreg@conferencemanagers.com. All refunds will be remitted by the same method of payment used to register. To qualify for a full refund of registration fees paid less a \$75 administrative fee, a written cancellation must be received by the Public Health Informatics Registration Manager no later than 11:59 PM PST on July 21, 2016. Cancellations received between July 22, 2016 and August 11, 2016 will receive a 50% refund less a \$75 administrative fee. No refunds will be given beginning 12:00 AM PST on August 12, 2016.

Additional onsite purchased are non-refundable. Substitutions are available at any time for no processing fee, and must be submitted to the NACCHO Annual 2016 Registration Department (informaticsreg@conferencemanagers.com) in writing.

Select your payment type: Check Credit Card Purchase Order

Name on Card: _____

Billing Address: _____

Authorized Signature: _____

Email to Send Receipt to: _____

CVV Code: _____ Expiration Date: _____

Card Number : _____

TOTAL DUE: _____

ADMINISTRATIVE USE ONLY:
Date Rec'd: _____ Date Entered: _____