

# CORRECTIONAL MENTAL HEALTH: SEEKING SOLUTIONS

July 10-11, 2011 – Las Vegas

## Registration Form

### BADGE INFORMATION

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

### MAILING INFORMATION

Address  Home  Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### ACADEMY MEMBERSHIP

NCCHC is pleased to offer members of the Academy of Correctional Health Professionals a discount on the conference registration. To qualify, simply indicate below that you would like to join the Academy and include the \$75 membership dues in your conference registration fees. If you are already a member, you may renew your membership below or proceed to step 3. CCHPs receive a 33% discount and pay only \$50!

Regular Member  \$75 \$ \_\_\_\_\_

CCHP Member  \$50 \$ \_\_\_\_\_

### REGISTRATION FEES

Regular Registration (not an Academy member)  \$250 \$ \_\_\_\_\_

Academy Member Registration (Member ID# \_\_\_\_\_)  \$200 \$ \_\_\_\_\_

Guest Registration (Guest name \_\_\_\_\_)  \$60 \$ \_\_\_\_\_

Mental Health Roundtable Discussions Sunday  Free \$ \_\_\_\_\_

Monday  Free \$ \_\_\_\_\_

### PAYMENT

Billing Fee\* (if applicable)  \$30 \$ \_\_\_\_\_

Visa  MasterCard  American Express  Check enclosed payable to NCCHC **Total Enclosed** \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

Billing email (if different from above) \_\_\_\_\_

\*Please invoice my facility. Purchase orders accepted only from government agencies and their contractors.  
Purchase order must accompany registration form. There is a \$30 service charge for invoice processing

Office Use



NATIONAL COMMISSION ON  
CORRECTIONAL HEALTH CARE

PO Box 11117 • Chicago, Illinois 60611  
Phone: (773) 880-1460 • Fax: (773) 880-2424  
e-mail: ncchc@ncchc.org • www.ncchc.org