

NATIONAL CONFERENCE ON CORRECTIONAL HEALTH CARE
October 17-21 • Orlando, Florida
Cohost Registration Form – Submit by September 25

Complete a separate form for each registrant. **Type or print clearly.**

Step 1: Registrant Information

Name	Degree	<input type="checkbox"/> Male <input type="checkbox"/> Female
Institution, Company or Affiliation (as you wish it to appear on your badge)		
Address: <input type="checkbox"/> Home <input type="checkbox"/> Business		
City	State/Province	Zip/Postal Code
Country		
Phone	Fax	E-Mail

Step 1: Cohost Registration Options

Rates (valid through September 25)

<input type="checkbox"/> Individual Registration (A \$415 value!)	\$330 each	\$ _____
<input type="checkbox"/> Registration Sharing (indicate below whom you are sharing with)	\$330 combined	\$ _____
<input type="checkbox"/> Exhibit Hall Only Pass	Free	\$ _____

Coworkers/Registration share participants: _____

For registration sharing only. Indicate the day(s) you will attend. Sunday evening Monday Tuesday Wednesday

Volunteer Registration (we will contact you to determine your duties) \$185 \$ _____

Step 2: Preconference Seminars

Saturday, October 17

An In-Depth Look at NCCHC's Standards (9:00 am - 5:00 pm)	<input type="checkbox"/> \$185	\$ _____
<input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Juvenile <input type="checkbox"/> Mental Health		
CCHP –RN Certification Review Course (9:00 am - 5:00 pm)	<input type="checkbox"/> \$185	\$ _____

Sunday, October 18

Chronic Disease Management (8:30 am – 12 pm)	<input type="checkbox"/> \$99	\$ _____
Suicide Prevention (8:30 am – 12 pm)	<input type="checkbox"/> \$99	\$ _____
Practical Preparation for Initial NCCHC Accreditation (8:30 am – 12 pm)	<input type="checkbox"/> \$99	\$ _____
Risk Management in the Correctional Environment (1 – 4:30 pm)	<input type="checkbox"/> \$99	\$ _____
Correctional Nursing Assessment (1 – 4:30 pm)	<input type="checkbox"/> \$99	\$ _____
Mental Health in Corrections: Restoring Balance (1 – 4:30 pm)	<input type="checkbox"/> Free	\$ _____

Step 3: Payment Amount

<input type="checkbox"/> Invoice Processing Fee (if paying by purchase order)	\$30	\$ _____
	Total Enclosed	\$ _____

Step 4: Payment Method

Federal Employer Identification Number: 36-3221830

- Purchase orders accepted only from governmental agencies and their contractors. Purchase order must accompany registration form. There is a \$15 service charge for invoice processing.
- Check enclosed payable to NCCHC Charge my: MasterCard VISA American Express

Card Number	Expiration Date
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Signature _____

Billing address if different from above

National Commission on Correctional Health Care
 1145 W. Diversey Pkwy • Chicago, IL 60614
 Phone (773) 880-1460 • Fax: (773) 880-2424

Office Use
