

**UPDATES IN CORRECTIONAL HEALTH CARE: PARTNERS IN PUBLIC HEALTH**

**April 24-27 • Nashville, Tennessee**

**Co-Host Registration Form - Submit by March 26**

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

**Step 1: Registrant Information**

Name \_\_\_\_\_ Degree \_\_\_\_\_  Male  Female

Institution, Company or Affiliation (As you wish it to appear on your badge) \_\_\_\_\_

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Step 1: Co-Host Registration Options**

**Rates (Valid through March 26)**

Individual Registration (A \$390 value!) \$265 each \$ \_\_\_\_\_

Registration Sharing (Indicate below whom you are sharing with) \$265 combined \$ \_\_\_\_\_

Exhibit Hall Only Pass \$Free \$ \_\_\_\_\_

Co-workers/Registration share participants \_\_\_\_\_

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

**Step 2: Preconference Seminars**

**Saturday, April 24**

An In-Depth Look at NCCHC's Jail/Prison Standards (9 am – 5 pm)  \$185 \$ \_\_\_\_\_

CCHP-RN Certification Review Course (9 am – 5 pm)  \$185 \$ \_\_\_\_\_

Preparing Your Facility for a Pandemic: Tips and Tools for Effective Response (1:30 – 5 pm)  \$99 \$ \_\_\_\_\_

**Sunday, April 25**

Pain Management: A Multidisciplinary Approach (8 – 11:30 am)  \$99 \$ \_\_\_\_\_

Assessment and Treatment of Suicide Risk and Self-Injurious Behaviors (8 – 11:30 am)  \$99 \$ \_\_\_\_\_

Advanced Nursing Assessment for Triage and Health Assessment (1 – 4:30 pm)  \$99 \$ \_\_\_\_\_

Achieving Quality Care in Tough Economy (1 – 4:30 pm)  \$99 \$ \_\_\_\_\_

Addressing the Rising Prevalence of Dementia in Inmate Populations (1 – 4:30 pm)  Free \$ \_\_\_\_\_

**Step 3: Payment Amount**

Invoice Processing Fee\* \$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 \$30 processing fee for invoices.

Check enclosed payable to NCCHC

Charge my:

MasterCard  VISA  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

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

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Office Use