

Updates in Correctional Health Care • May 19–22, 2012

STEP 1 – NAME/ADDRESS

Complete a separate form for each registration. Registration will not be accepted without a full name. Print or type clearly.

Name _____ Degree _____ Male Female

Professional Affiliation _____ Title _____

Mailing Address Home Work _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ E-Mail _____

STEP 2 – 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. CCHPs receive a 33% discount and pay only \$50!

	Join	Renew	
Regular Member	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 75	\$ _____
CCHP Member	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	\$ _____

STEP 3 – REGISTRATION

	Thru April 6	After April 6	
Regular Registration	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395	\$ _____
Academy Member Registration (Member ID # _____)	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	\$ _____
One Day Registration <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	\$ _____
Guest Registration (Guest Name _____)	<input type="checkbox"/> \$ 60	<input type="checkbox"/> \$ 60	\$ _____

STEP 4 – PRECONFERENCE SEMINARS

Saturday, May 19, 9 am – 5 pm

P-01 In-depth Review of NCCHC's Jail and Prison Standards \$185 \$ _____

P-02 CCHP-RN Certification Review Course \$185 \$ _____

Sunday, May 20, 9 am – 12:30 am

P-03 "Acting Out" Offenders: Implementing Mental Health/Psychiatric Strategies and Risk Management Principles \$99 \$ _____

P-04 Clinical Judgment in Correctional Nursing Practice \$99 \$ _____

Sunday, May 20, 1:30 pm – 5 pm

P-05 CSI: Claim Scene Investigation for Risk Reduction \$99 \$ _____

P-06 Generalists: Hone Your Inner Specialist! \$99 \$ _____

STEP 5 – ACADEMY SCHOLARSHIP CONTRIBUTION

The Academy of Correctional Health Professionals awards scholarships for its members to attend Academy-sponsored conferences. Please consider making a contribution. \$10 \$25 \$50 Other _____ \$ _____

STEP 6 – PAYMENT FEIN: 36-3221830

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

MasterCard Visa American Express Discover Check Enclosed Payable to NCCHC **TOTAL ENCLOSED \$** _____

Card Number _____ Expiration Date _____

Signature _____ Security Code _____

Billing Address (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
 info@ncchc.org • www.ncchc.org