Spring Conference on Correctional Health Care
April 5–8, 1014 | Hyatt Regency Atlanta | Exhibitor On-Site Registration Form

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
Employer ___________________________________________ Title ___________________________ 
Mailing Address ☐ Home ☐ Work ____________________________________________
City ___________________________ State/Province ________ Zip/Postal Code __________ Country __________
Phone ___________________________ Email ___________________________ National Provider ID# __________

STEP 2 – Registration
Free Registration (2 per 8x10 booth) ☐ FREE $ _____________
Discount Registration (3 per company) ☐ $215 $ _____________
Full Registration ☐ $420 $ _____________

STEP 3 – Preconference Seminars
Saturday, April 5, 9:00 am – 5:00 pm
☐ P-01 NCCHC 2014 Standards for Health Services in Jails ☐ $185 $ _____________
☐ P-02 NCCHC 2014 Standards for Health Services in Prisons ☐ $185 $ _____________

Sunday, April 6, 9:00 am – 12:30 pm
☐ P-03 Prison Rape Elimination Act: Required Training for Health Staff ☐ $99 $ _____________
☐ P-04 Affordable Care Act and How It Will Affect Correctional Health Care ☐ $99 $ _____________

Sunday, April 6, 1:30 pm – 5:00 pm
☐ P-05 Reducing Your Risk: Legal Requirements Translated into Practice ☐ $99 $ _____________
☐ P-06 Successful Assessment and Management of Suicidal and Self-Injurious Behaviors ☐ $99 $ _____________

STEP 4 – Payment  FEIN: 36-3221830
☐ Cash ☐ Check#_________ ☐ Credit Card (Ref#_________)
TOTAL $ _____________

Date of Sale
4/5 4/6 4/7 4/8
Staff Initials__________

National Commission on Correctional Health Care
Please use this form to register on-site. Registration opens on Saturday at 8:00 am.