



Please use one form per person. Duplicate as needed or register online at www.yournacm.com.

Name _____
 Organization _____
 Job Title _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ FAX _____
 E-mail _____

Registration confirmation/receipt will be sent via e-mail only. Please print clearly.

This is my first NACM conference.
 How I heard about this conference: E-mail Website Mail
 Word-of-mouth Other _____

Lunch (Thursday)
 Vegetarian (may include dairy)
 Special requests (will be accommodated if possible)

- NACM sends registration confirmations via e-mail to registrants who provide a legible, accurate e-mail address. This e-mail serves as receipt of registration. No other form of confirmation will be sent.
- On-site registration will be available as space allows.
- The conference fee includes continental breakfasts and an awards luncheon.

Payment and Registration Information

Payment Policy — Checks (payable to NACM), Visa, MasterCard, Discover, and American Express are welcome. If paying with a credit card, include the billing address in the **Payment/Billing Information** box (see below).

Online Registration — www.yournacm.com

Mail Registration to — **NACM**
ATTN: Jean Barton
1645 'N' Street
Lincoln, NE 68508

Fax Registration — (402) 441-4335 (credit card payments only)

Cancellation Policy — Cancellations will only be considered when received in writing. You may receive a full refund for your conference registration (less a \$25 processing fee) through a written cancellation received by NACM on or before September 15, 2012. Written notices of cancellation received September 15, 2012, through October 5, 2012, will be assessed a \$50 processing fee. No refunds will be offered after October 5, 2012. For the full cancellation policy, visit www.yournacm.com.

CONFERENCE REGISTRATION—October 24-26, 2012

	Early Bird Rate Before Sept. 18	Regular Rate Sept. 18 – Oct. 15	Late Registration After Oct. 15
Full Conference			
<input type="checkbox"/> Member	<input type="checkbox"/> \$265	<input type="checkbox"/> \$315	<input type="checkbox"/> \$345
<input type="checkbox"/> Non-Member*	<input type="checkbox"/> \$305	<input type="checkbox"/> \$355	<input type="checkbox"/> \$385
One Day Pass		<input type="checkbox"/> \$180 (Weds. or Thurs.)	<input type="checkbox"/> \$190 (Weds. or Thurs.)
Half Day Pass		<input type="checkbox"/> \$90 (Friday a.m.)	<input type="checkbox"/> \$99 (Friday a.m.)

PRE-CONFERENCE—Tuesday, October 23, 2012

	Add Pre-Conference to Conference Registration	Pre-Conference only	Student Rate
What is Trauma and Why Must We Address It?—Creating Trauma-Informed Systems of Care			
<input type="checkbox"/> Member/ Non-Member	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$99
A Unique Approach to Supportive Housing			
<input type="checkbox"/> Member/ Non-Member	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	<input type="checkbox"/> \$99

Payment/Billing Information

Total Amount Submitted \$ _____

Check # _____ -or- Credit Card: Visa MasterCard Discover American Express

Credit Card # _____ 3-digit verification code _____

Name as appears on card _____ Telephone Number _____

Billing Address _____ City _____ State _____ ZIP _____

Signature _____ Exp. Date ____/____/____

E-mail for Receipt _____