

2011 NACM Conference Registration

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: _____
 Email: _____
Registration confirmation/receipt will be sent via email only. Please print clearly.

This is my first NACM conference.

How I heard about this conference: Email Website Mail
 Word of mouth Other: _____

Lunch (Sunday)
 Vegetarian
(may include dairy)

Lunch (Tuesday)
 Vegetarian
(may include dairy)

Special requests will be accommodated if possible.

Attention

- NACM sends registration confirmations via email to anyone who provides a legible, accurate email address. Retain the email as your receipt or invoice. No other form of confirmation will be sent.
- On-site registration will be available as space allows.
- The conference fee includes continental breakfasts and awards luncheon.

STANDARD-FULL REGISTRATION			
Full Conference	Early Bird Rate May 1 – Sept. 16	Regular Rate Sept. 17 – 25	Late Registration After Sept. 25
<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
Full Day Pass	<input type="checkbox"/> \$180 (Monday)	<input type="checkbox"/> \$180 (Monday)	<input type="checkbox"/> \$190 (Monday)
	<input type="checkbox"/> \$180 (Tuesday)	<input type="checkbox"/> \$180 (Tuesday)	<input type="checkbox"/> \$190 (Tuesday)
Half Day Pass	<input type="checkbox"/> \$90 (Wednesday a.m.)	<input type="checkbox"/> \$90 (Wednesday a.m.)	<input type="checkbox"/> \$99 (Wednesday a.m.)

*Includes one year membership to NACM

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.

Online Registration: www.yournacm.com

Mail Registrations to: NACM
 % 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) for written cancellations received by NACM on or before August 31, 2011. Written notices of cancellation received September 1, 2011, through September 30, 2011, will be assessed a \$50 processing fee. Only medically verifiable cancellations will be considered for partial refund after October 1, 2011. For the full cancellation policy visit www.yournacm.com.

PRE-CONFERENCE—Sunday, October 16, 2011	Add Pre-Conference to Full Registration	Early Bird Rate May 1 – August 31	Regular Rate September 1 – 25
Full Day Pre-Conference: What is Trauma and Why Must We Address it?: Creating Trauma-Informed Systems of Care			
<input type="checkbox"/> Member	<input type="checkbox"/> \$135	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170
<input type="checkbox"/> Non Member	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$190
Full Day Pre-Conference: Cultural Competency in Behavioral Health			
<input type="checkbox"/> Member	<input type="checkbox"/> \$135	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170
<input type="checkbox"/> Non Member	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$190
Half Day Pre-Conference: How to be Fired Up, Without Burning Out			
<input type="checkbox"/> Member	<input type="checkbox"/> \$80	<input type="checkbox"/> \$95	<input type="checkbox"/> \$115
<input type="checkbox"/> Non Member	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140

Payment/Billing Information

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

Card #: _____ 3-digit verification code: _____ Exp. Date: _____

Name as appears on card: _____ Signature: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Total amount submitted: \$ _____