

19th Annual Case Management Conference Registration

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

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

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

What type of Continuing Education Unit credit do you wish to earn?

General Audience Social Work Addiction Counseling
 Other _____

Is this your first NACM Conference? Yes No

How did you hear about this conference?

E-mail Website Mail Word-of-mouth

Any special dietary needs?

Vegetarian (*may include dairy*)
 Special request (*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.
- On-site registration will be available as space allows.
- The conference fee includes lunch and breaks on all three days.

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

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

Cancellation Policy — Cancellations will only be considered when received in writing. For the full cancellation policy, visit www.yournacm.com.

CONFERENCE REGISTRATION — October 1-3, 2013

	Early Bird Rate Before September 15, 2013	Regular Rate September 15 – 23, 2013	Late Registration After September 23, 2013
Member	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399	<input type="checkbox"/> \$429
Non-Member*	<input type="checkbox"/> \$389	<input type="checkbox"/> \$439	<input type="checkbox"/> \$469
Student**	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$379
One Day Pass (please indicate date) Daily access to conference programming only		<input type="checkbox"/> \$199 Date: _____	<input type="checkbox"/> \$215 Date: _____

*Includes NACM membership. **Attach proof of enrollment.

SUPERVISION INSTITUTE — October 1-2, 2013

	Early Bird Rate Before September 15, 2013	Regular Rate September 15 – 23, 2013	Late Registration After September 23, 2013
Member	<input type="checkbox"/> \$249	<input type="checkbox"/> \$299	<input type="checkbox"/> \$329
Non-Member*	<input type="checkbox"/> \$289	<input type="checkbox"/> \$339	<input type="checkbox"/> \$369
Add Thursday, October 3, 2013, Conference Pass to Supervision Institute Registration			<input type="checkbox"/> \$100

*Includes NACM membership.

Payment/Billing Information

Total Amount Submitted \$ _____

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

Credit Card # _____ 3-digit verification code _____ Exp. Date ____/____/____

Name as appears on card _____ Signature _____

Billing Address _____ City _____ State _____ ZIP _____