

ATTENDEE REGISTRATION FORM

Please bring this completed form with payment to the Onsite Registration counter in Atlanta.

Full Name: _____

Degrees: _____ Badge Nickname: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Privacy Policy:

The 2017 Preparedness Summit provides pre- and post-show attendee lists to our sponsors and exhibitors, sharing names, titles, and mailing addresses. Exhibitors and sponsors utilize this list to distribute information regarding products and services, as well as to provide information concerning specific events at the 2017 Preparedness Summit. Please indicate your preference concerning the Preparedness Summit attendee list and promotional mailings.

- Yes, my information MAY be distributed to exhibitors and sponsors.
- No, my information may NOT be distributed to exhibitors and sponsors.

Preparedness Summit Photography Policy:

By attending the 2017 Preparedness Summit, you acknowledge that photographs and/or videos of you may be taken by our conference staff and/or hired photographers at any time. Furthermore, you grant the National Association of County and City Health Officials (NACCHO) permission to use photographs and/or video of your likeness in any type of media, including websites and print publications, without compensation or reward.

Registration Type

*On-Site Rate
(From 4/15/17)*

FULL SUMMIT:

- INDIVIDUAL:** Non-Profit Org or Fed/State/Local Government \$795
- GROUP*:** Non-Profit Org or Fed/State/Local Government \$745
- INDIVIDUAL:** Corporate/Business \$1,010
- GROUP*:** Corporate/Business \$960
- Presenter, Moderator** or Poster Presenter \$695
- Student Rate \$185

SINGLE DAY REGISTRATION:

- Tuesday \$495
- Wednesday \$495
- Thursday \$495
- Friday \$320

EXHIBIT HALL ONLY:

- Exhibit Hall \$135

*Group Rate is for (3) or more employees from the same organization registering at the same time. List others in your group here: _____

Continuing Education is now included in the cost of registration!

Workshops and Demos

See list at the Onsite Registration counter.

TOTAL DUE: _____

QUESTIONS?: Contact 703-964-1240, x200 or summitreg@conferencemanagers.com.

Please select the agency/organization:

- Association/Non-profit
- Local Health Department
- Other Local Gov't Agency (e.g. Emergency Management)
- State Health Department
- Other State Gov't Agency (e.g. Emergency Management)
- Federal Agency
- Hospital/Health Care Provider
- Private Industry/Consulting Firm
- Medical Reserve Corps/Citizen Corps
- University/Academic Institution
- Other: _____

In which FEMA/DHHS region do you work (Regions 1-10)?

What is your current position/level within your org?

- Agency Leader
- Behavioral health staff
- Business and financial operations staff
- Community health worker
- Consultant
- Environmental health worker
- Epidemiologist/Statistician
- Health educator
- Information systems specialist
- Licensed practical or vocational nurse
- MRC unit leader/volunteers
- Nursing and home health aide
- Nutritionist
- Oral health care professional
- Policy Analyst
- Preparedness staff
- Professor/Faculty
- Program Manager
- Public health physician/Medical Doctor
- Public information professional
- Registered nurse
- Student
- Other: _____

How many years in your current position? _____

Please indicate the program area with which your day-to-day activities are most closely aligned?

- Public Health Emergency Preparedness
- Medical Reserve Corps
- Hospital/Healthcare Preparedness
- Emergency Management
- Other (Please indicate) _____

How did you learn about the Preparedness Summit?

- A colleague or co-worker
- I attended a previous Summit
- NACCHO website, publications or staff
- Another public health organization newsletter
- A Prep Summit e-mail or postcard
- The Preparedness Summit official website
- Other: _____

How many past Prep Summits have you attended? _____

Including this year, how many past Preparedness Summits has your agency participated in? _____

Please indicate if you have any dietary restrictions or require any special assistance. _____

Payment Information

The Preparedness Summit welcomes your payment by check, credit card, or purchase order. All payment methods are subject to the Refund and Cancellation Policy below.

Please be prepared to pay onsite when you register.

Credit Card Payments: Visa, MasterCard, and American Express are accepted. Please include below.

Check Payments: All check payments must be in US funds drawn on a US bank. Checks payable to NACCHO.

Purchase Orders To Be Invoiced: NACCHO Registration will issue an invoice for payment on receipt of your PO. Send checks to: Preparedness Summit 2017 Registration, NACCHO Lockbox, PO Box 79197, Baltimore, MD 21279-0197.

Select your payment type: Check Credit Card Purchase Order

Name on Card: _____

Billing Address: _____

Authorized Signature: _____

Email to Send Receipt to: _____

CVV Code: _____ Expiration Date: _____

Card Number: _____

Cancellation/Refund Policy

Refunds are limited to conference fees paid, and do not include any travel, lodging, transportation, or other fees paid independently of conference registration. No-shows and on-site purchases are non-refundable. To qualify for a full refund of registration fees paid less a \$75 administrative fee, a written cancellation must be received by the Summit Registration Manager no later than 11:59 PM PST on March 17, 2017. Cancellations received from March 18 until 11:59 PM PST of April 7, 2017, will receive a 50% refund less a \$75 administrative fee. No refunds will be given starting April 8, 2017. Cancellation and refund requests should be sent via e-mail to summitreg@conferencemanagers.com. Substitutions are permitted at any time, and must be submitted in writing to summitreg@conferencemanagers.com. Please include the original attendee's name and the substitute's full contact information.