



REGISTRANT INFORMATION

PRINT YOUR NAME AND DESIGNATION AS YOU WANT IT TO APPEAR ON YOUR NAME BADGE

Name (please print or type) _____

Designation (e.g., RN, BSN, CHCR) _____ Nickname _____

Organization _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Emergency Contact _____ Phone _____

For networking purposes, would you like your contact information to appear on the meeting registration list seen by fellow attendees and exhibitors?

Yes, I'd like to network. No, please keep my information private.

This is my first NAHCR conference.

I require special accommodations to participate. (Please include a written description of your needs.)

By registering for the 2018 IMAGE Conference, I hereby grant permission to use any and all photographic imagery and video and allow the association to provide my name to hotel for rooms audit.

Registration sponsored by:



FULL CONFERENCE REGISTRATION (INCLUDES ALL CONFERENCE SESSIONS, FOOD FUNCTIONS, AND SOCIAL FUNCTIONS)

Early Bird by 6/1/18 After 6/1/18 & Onsite

Member \$675 \$775

Daily registration rates may be available by contacting NAHCR Headquarters at 407-774-7880

PRE-CONFERENCE PACKAGE REGISTRATION - PLEASE CHECK THE WORKSHOP YOU WOULD LIKE TO ATTEND

(INCLUDES ALL CONFERENCE ITEMS PLUS ONE DISCOUNTED CONFERENCE WORKSHOP)

Early Bird by 6/1/18 After 6/1/18 & Onsite

- Member - Workshop 1: Healthcare Recruitment is the Wild, Wild West: How Do You Blaze a New Frontier? \$850 \$950
 Member - Workshop 2: Optimizing Communication: The Heart of Recruitment \$850 \$950
 Member - Workshop 3: Recruiter 101: A New Recruit's First Step \$850 \$950

You may also register for a pre-conference workshop without attending the full conference.

Please contact NAHCR Headquarters at 407-774-7880 for more information.

NON-MEMBERS: ADD \$149 TO THE TOTAL REGISTRATION FEES FROM THE ABOVE

I wish to join NAHCR. Apply the \$149 non-member fee to 2018 membership dues. (This does not apply to renewals.)

TICKET INFORMATION

TICKET SALES ARE NON-REFUNDABLE

Please indicate the number of tickets purchased

- Annual Business Meeting (Wed) \$69 x _____
 Exhibit Hall Grand Opening (Wed) \$50 x _____
 Gala Awards Dinner (Thurs) \$100 x _____
 Giving for Good - 50/50 Drawing \$1 x _____

Please note: One ticket is included for all events, excluding the 50/50 Drawing in the Full or Pre-Conference Package Registration.

CANCELLATION POLICY: If you cancel on or before June 8, 2018, you will be charged a \$75 cancellation fee. After June 8, 2018, no refunds will be issued.

CONTACT: Should you have questions, please call 407-774-7880, or email Emma Hyvonen at ehyvonen@kmgnet.com. 222 S Westmonte Dr, Suite 111, Altamonte Springs, FL 32714

PAYMENT INFORMATION

- Check (Please make check payable to NAHCR)
 Credit Card: MasterCard Visa American Express
Account # _____
Exp. Date _____
CVV _____
Card Holder's Name _____
Signature _____
Credit Card Billing Address Same as above
Address _____
City/St/Zip _____

TOTAL FEES: _____