

20th 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
☐ CPRP ☐ APA ☐ 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 restrictions?

☐ 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 breakfast, 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 — October 21-23, 2014

	Early Bird Rate Through Sept. 19, 2014	Regular Rate Sept. 20—Oct. 12, 2014	Late Registration After October 12, 2014
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) Date: _____		<input type="checkbox"/> \$199	<input type="checkbox"/> \$215

TWO DAY INSTITUTES — October 21-22, 2014

	Early Bird Rate Through Sept. 19, 2014	Regular Rate Sept. 20—Oct. 12, 2014	Late Registration After October 12, 2014
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 23, 2014, Conference Pass to Institute Registration			<input type="checkbox"/> \$100
Which institute do you plan to attend? <input type="checkbox"/> Mental Health First Aid <input type="checkbox"/> Supervision			

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

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** _____

NACM



402-441-4385



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REGISTRATION