

22nd 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?

☐ Addiction Counseling ☐ APA ☐ CCMC
☐ Counseling Boards ☐ CPRP ☐ Social Work
☐ Nursing ☐ 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.
- A complete list of NACM's Registration Policies can be found at www.yournacm.com.

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 — September 19-21, 2016

	Early Bird Rate Before Sept. 11, 2016	Late Registration After Sept. 11, 2016
Member	<input type="checkbox"/> \$349	<input type="checkbox"/> \$429
Non-Member*	<input type="checkbox"/> \$389	<input type="checkbox"/> \$469
Student**	<input type="checkbox"/> \$299	<input type="checkbox"/> \$379
One Day Pass (please indicate date) Date: _____	<input type="checkbox"/> \$199	<input type="checkbox"/> \$215

Are you interested in attending any of the following sessions (seating is limited)?

- ☐ Pat Deegan's Hearing Voices Simulation (Monday, September 19, 2016, 1:30—4:30)
☐ Tour of SRO Housing Corporation: "Skid Row" (Monday, September 19, 2016, 1:30—4:30)
☒ Tour of SRO Housing Corporation: "Skid Row" (Tuesday, September 20, 2016, 1:30—4:30) — Full
☐ National Case Management Practice Guidelines Review Session (Tuesday, September 20, 2016, 1:30—4:30)
☐ Question, Persuade, and Refer Gatekeeper Training (Tuesday, September 20, 2016, 3:00—4:30)

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

Payment/Billing Information

☐ **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 _____
 Contact Person _____ E-mail _____

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REGISTRATION