

21th 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
☐ Louisiana LPC ☐ CPRP ☐ Social Work
☐ 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 21-23, 2015

	Early Bird Rate Before Aug. 24, 2015	Regular Rate Aug. 24—Sept. 16, 2015	Late Registration After Sept. 16, 2015
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"/> \$199	<input type="checkbox"/> \$215
Would you like to register for one of the NACM Standard Review Sessions?*** <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate session below)			
<input type="checkbox"/> Session 1: Ethics, Definitions, and Fundamental Function of Case Management (Monday, September 21, 2015, 10:30—12:30)			
<input type="checkbox"/> Session 2: Principles and Values of Case Management (Monday, September 21, 2015, 3:00—4:30)			
<input type="checkbox"/> Session 3: Critical Elements and Delivery Processes of Case Management (Wednesday, September 23, 2015, 10:30—12:00)			

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

***Standard sessions are limited to first 10 participants, additional information will be provided.

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 _____ **Email** _____