

23rd 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
 CPRP Nursing
 LMHP, LIMHP, LMFT, Social Work, Professional Counseling

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 Polices 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 — October 24-26, 2017

	Early Bird Rate Before Sept. 11, 2017	Regular Rate Sept. 11—Oct. 9, 2017	Late Registration After Oct. 9 2017
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 (attach proof of enrollment)	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$379
One Day Pass (indicate date) Date: _____		<input type="checkbox"/> \$199	<input type="checkbox"/> \$215

Please check any experiential workshops you would be interested in.***

	Tuesday, October 24, 2017	-or-	Thursday, October 26, 2017
<i>Pat Deegan's Hearing Voices Simulation</i>	<input type="checkbox"/> 10:30 a.m. - 12:30 p.m.		<input type="checkbox"/> 10:15 a.m. - 12:15 p.m.
<i>Siena/Francis House Homeless Shelter Tour</i>	<input type="checkbox"/> 10:30 a.m. - 12:30 p.m.		
<i>Case Management Safety and Awareness</i>	<input type="checkbox"/> 1:30 - 4:30 p.m.	-or-	<input type="checkbox"/> 9:00 a.m. - 12:15 p.m.
<i>NACM Standards Review Session</i>	<input type="checkbox"/> 1:30 - 4:30 p.m.		
<i>Yoga</i>	<input type="checkbox"/> 3:00 - 4:30 p.m.		
<i>Keya/Honu Tour</i>			<input type="checkbox"/> 9:00 a.m. - 12:15 p.m.

*Includes NACM membership.

***Experiential workshops are limited, see website for additional information.

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 _____

Contact Person _____ E-mail _____