

ACHSA Professional Development Conference
Red Lion Hotel on the River, Portland, OR, March 11-13, 2010

Conference Attendee Registration Form

Attendee Name/Address

Name _____
Degrees/Credentials (for badge) _____
Employer/Institution/Affiliation (for badge) _____
Preferred Mailing Address _____
City _____ State _____ Zip _____
Daytime Phone _____
Email _____

Conference Tuition - includes events beginning Friday March 12 at 7:30 am and ending Saturday March 13 at 5:00 pm; includes meals, course materials, and certificate (13 CME/CE hours for physicians, nurses, social workers)

- **ACHSA Member** _____ \$240 after February 17 _____ \$290
 - **Non-member** _____ \$315 after February 17 _____ \$365
 - **ACHSA Oregon Chapter Group Rate** _____ \$200 after February 17 _____ \$240
- Family/Guest (*NOT* employed in corrections) of Registered Attendees - includes meals _____ \$100
Guest Name (for badge) _____

Pre-conference Course Tuition - Thursday March 11

- _____ \$50 Nursing Forum 8:00-11:30 am (3 CE hours for nurses)
 - _____ \$50 Jail School 1:00-5:00 pm (3.5 CE hours for nurses)
- _____ \$75 for *BOTH* Nursing Forum and Jail School

Total Payment Amount \$ _____

_____ Check enclosed (payable to ACHSA)
_____ Charge my Visa/MasterCard/American Express card
Card Number _____
Expiration Date (mm/yy) _____
Authorized Signature _____ Date _____

Cardholder Billing Address (if different from registration name/address above)

Name _____
Address _____ City _____ State _____ Zip _____

. . . or register online at
www.achsa.org

Mail form and payment to: ACHSA, 250 Gatsby Place, Alpharetta, GA 30022-6161
Or fax form for debit/credit card payments to: 770-650-5789
For more information: 877-918-1842 or 770-650-5771 or achsa@bellsouth.net
Tax ID Number: 23-2029093