

2021 LEADERSHIP & ADVOCACY CONFERENCE



March 22-26, 2021

LEADERSHIP & ADVOCACY CONFERENCE REGISTRATION

Please type or print clearly. One form per registrant.

Registrant Name _____ Credentials (RN, LCSW, etc.) _____

Registrant E-mail Address (required) _____

Title _____

Organization _____

Organization Address _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

☐ Opt Out - Exhibitor Mailing List (email and/or direct)

To register, make your selections in Sections A and B; add the subtotals and indicate the amount in Section C.

A. NHPCO Leadership and Advocacy Conference Registration

	Member	Non-Member	Faculty
Early Bird Rates Valid NOW thru 2/22/2021	<input type="checkbox"/> \$550	<input type="checkbox"/> \$750	<input type="checkbox"/> \$350
Advance Rates Valid 2/23/2021 thru 5/31/2021	<input type="checkbox"/> \$650	<input type="checkbox"/> \$850	<input type="checkbox"/> \$350

Subtotal Section A \$ _____

B. I would like to donate to the National Hospice Foundation

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100

Subtotal Section B \$ _____

C. Total Registration Fees

Total for sections A and B

Total for this Registrant \$ _____

Payment Information

Complete only one PAYMENT INFORMATION FORM for group registrations.

Please refer to **"Total for this Registrant"** (section C on page 1) for each person when calculating Grand Total. Include all Conference Registrations when submitting payment by fax or mail.

Organization _____ NHPCO Member # _____

Organization Address _____

Preferred Mailing Address _____

Organization City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address (required) _____

Payment Information

If payment in full does not accompany this form, your registration will not be processed. Checks must be in US funds. A charge of \$25 will apply to checks returned for insufficient funds. In the event the total calculated is incorrect, NHPCO will charge the remaining amount deemed to be accurate and appropriate to the cardholder listed below.

Registration Cancellation Policy

Cancellation requests must be made in writing; a \$50 processing fee will apply. Cancellations postmarked on/before March 11, 2021, receive a full refund less the processing fee. Refunds will not be provided for cancellations postmarked after March 11, 2021. Substitutions must be submitted on/before March 18, 2021; please submit your request in writing. Send cancellation or substitution requests via email conferences@nhpc.org or via fax at (703) 837-1233.

TOTAL # OF REGISTRANTS _____

GRAND TOTAL OF ALL REGISTRATION FEES _____

Check # _____ or



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CREDIT CARD NUMBER

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EXP DATE

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Visa/MC Cvv Code
3-digits back right side.

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AMEX Cvv Code
4-digits front right side.

NAME ON CARD (PLEASE PRINT CLEARLY) _____

SIGNATURE _____

DATE _____

Send Your Completed Form



Mail
NHPCO, 2021 LAC Registration
P.O. Box 824392
Philadelphia, PA 19182-4392

Overnight Delivery
PNC Bank c/o NHPCO
Lockbox Number 824392
Route 38 & East Gate Drive
Moorestown, NJ 08057



Online
nhpc.org/LAC2021



Fax
(703) 837-1233



NHPCO

Leading Person-Centered Care