



Rural Health Conference 2018: "Rural Healthcare Infrastructure: Vital to Population Health"

REGISTRATION FORM FOR ATTENDEES

The Rural Health Association of Tennessee (RHAT) Conference is an annual event whose purpose is to educate participants about health concerns affecting rural Tennessee.

Early Bird Conference Registration Fees:

Before October 14, 2018.....\$150 for member; \$200 for non-member; \$95 for student*

After October 14, 2018.....\$200 for member; \$300 for non-member; \$115 for student*

*Student is defined as a person enrolled as a fulltime college or high school student

Continuing Education Credits:

Nursing CEU.....\$15*

General CEU.....\$25*

Continuing Education Credits will be available at the 2017 Rural Health Association of Tennessee Conference. Anyone who needs continuing education units to maintain licensure or certification can obtain CEUs.

*Payment required at time of registration. (Sign-in sheets and CEU attendance forms **must be completed** and turned in at the event)

Conference Cancellations & Refunds:

Letters of cancellation must be received by November 1, 2018. A cancellation fee of \$50 will be deducted from each refund. Refunds will be processed after the conference. No refunds will be made after November 1, 2018 due to commitments RHAT makes to hotel. Conference room rates are \$126.00 plus tax. **Room reservation deadline is October 14, 2018.** You may make your reservation(s) by calling the Music Road Hotel & Inn at 1-855-790-4646 and referencing "Rural Health Association of TN".

Note: Tax-exempt organizations must notify the hotel reservationist of their tax-exempt status when booking a room and should then fax the Tax Exempt document dated July 2007 or later, a government certificate, or 501c3 letter to the Music Road Hotel, ATT: Room Reservations for RHAT conference at 865-286-2236. This payment must be with check or credit card from that organization. No personal checks, cash or money orders will be accepted for tax-exempt clients.

Name & Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please send payment to: RHAT, PO Box 656 Decaturville, TN 38329

TOTAL AMOUNT ENCLOSED \$ _____ Please indicate if you would like RHAT to send an invoice _____