

# ACHA 2019 Annual Meeting Registration Form

May 28–June 1, 2019 • Denver, CO • Registration questions: (800) 310-7554

**Each attendee (including presenters, presiders, and facilitators) must complete a registration form. Type or neatly print in dark ink. Carefully review the Confirmation/Cancellation Policy on page 3.**

*Meeting attendees' contact information may be used for future communications by ACHA. Contact information (excluding email addresses) may also be furnished to ACHA exhibitors for limited use. ACHA does not furnish email addresses to exhibitors or any other outside organization. During the annual meeting, photos may be taken of attendees for use in either further publicizing the conference and activities that ensued, or for use in ACHA promotional materials. Such photos may therefore be available in the public domain and accessible via the ACHA website, social media, and photo sharing sites.*

## REGISTRANT INFORMATION (as it should appear on name badge)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Degree (s) \_\_\_\_\_ Position Title \_\_\_\_\_

Institution Name \_\_\_\_\_ Individual Member ID# \_\_\_\_\_

Preferred Mailing Address (Indicate if your preferred mailing address is your  home or  work)

\_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_ Country (if not USA) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

City and State of your institution IF DIFFERENT from mailing address above (for name badge): City \_\_\_\_\_ State/Prov. \_\_\_\_\_

## REGISTRATION FEES • REGISTER BY APRIL 8 TO RECEIVE THE EARLY BIRD DISCOUNT

**IMPORTANT:** Your 2019 membership dues must be paid PRIOR to April 1, 2019, to register at the member rate. (If you're unsure about your membership status, login to the [ACHA website](#).)

<p><b>FULL MEETING</b> (Tuesday through Saturday) <i>(Includes all non-ticketed events on Tuesday, May 28 through Saturday, June 1)</i></p>	<p><b>DAILY</b> (Select the day you will attend) <i>(Includes all non-ticketed events on the day selected only. Also includes eligibility to attend Tuesday workshops at \$65 each.)</i></p> <p style="text-align: center;"> <input type="checkbox"/> Wednesday                <input type="checkbox"/> Thursday                <input type="checkbox"/> Friday                <input type="checkbox"/> Saturday         </p> <p><b>NOTE: Attendees wishing to attend more than one day must register at the full meeting rate.</b></p>
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If you are a:	Postmarked ON or BEFORE April 8, 2019	Postmarked AFTER April 8, 2019	If you are a:	Postmarked ON or BEFORE April 8, 2019	Postmarked AFTER April 8, 2019
Member at a Member Institution (Mbr Representative)	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595	Member at a Member Institution (Mbr Representative)	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345
Member at a Nonmember Institution	<input type="checkbox"/> \$570	<input type="checkbox"/> \$670	Member at a Nonmember Institution	<input type="checkbox"/> \$320	<input type="checkbox"/> \$375
Student Member <sup>1</sup>	<input type="checkbox"/> \$155	<input type="checkbox"/> \$175	Student Member <sup>1</sup>	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$115
Emeritus Member	<input type="checkbox"/> \$155	<input type="checkbox"/> \$175	Emeritus Member	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$115
Sustaining Member	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795	Sustaining Member	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445
Nonmember	<input type="checkbox"/> \$895	<input type="checkbox"/> \$995	Nonmember	<input type="checkbox"/> \$470	<input type="checkbox"/> \$520
Student Nonmember <sup>1</sup>	<input type="checkbox"/> \$185	<input type="checkbox"/> \$210	Student Nonmember <sup>1</sup>	<input type="checkbox"/> \$115	<input type="checkbox"/> \$140
Spouse/Domestic Partner/Child <sup>2</sup> <small>pre-approval required; contact <a href="mailto:membership@acha.org">membership@acha.org</a></small>	<input type="checkbox"/> \$130	<input type="checkbox"/> \$155	Spouse/Domestic Partner/Child <sup>2</sup> <small>pre-approval required; contact <a href="mailto:membership@acha.org">membership@acha.org</a></small>	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$110

<sup>1</sup> Students are not eligible for continuing education credits. The student rate is open to bona fide students at an institution of higher education who are enrolled in a degree granting curriculum of course work, and otherwise not gainfully employed or compensated to any substantial degree that would reasonably negate the expectation of discounted fees. The following proof of student status is required at the time of registration: a) an unofficial transcript or b) enrollment verification of status.

<sup>2</sup> Spouse/domestic partner/child registrants are not eligible for continuing education credits. The spouse/domestic partner/child fee is limited to guest attendees and does not include a certificate of attendance. In order to qualify for this rate, the attendee must be at least 13 years of age and accompanying a regular, student, or emeritus conference registrant in a non-professional, non-college health related, and non-business related role. You may not register as a spouse/domestic partner/child via the online registration site or the paper form. To register a spouse/domestic partner/child, contact [membership@acha.org](mailto:membership@acha.org).

<b>(A) Total Registration Fees</b>	\$ _____
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**Continued on page 2**

**Advance ticket purchase is required. For those registering for either the full conference or one day (Wednesday-Saturday), the workshop fee is \$65.00. To attend only a Tuesday workshop, the fee is \$150 per workshop. (This category is available to those who only want to participate in the pre-conference workshops. It does NOT include admission to the actual meeting held from Wednesday through Saturday.) Workshops are not available to spouse/partner/child registrants. See cancellation policy on page 3.**

**TUESDAY, MAY 28**

**9:00 AM–12:00 PM**

- SPSS for Non-Statisticians
- Hot Topics and Evolving Practices in College Student Mental Health
- Sports Medicine Special Testing
- Tailoring a Comprehensive Public Health Framework to Assess the Needs of Students: How the University of Chicago Implemented the MAPP Process to Identify and Address Student Needs on Their Campus
- Narrative Medicine for the College Health Provider
- Achieving AAAHC Accreditation for College Health, Part I
- Understanding and Supporting Your Campus's Health Promotion Unit: A Primer for College Health Leaders and Campus Executives who Have Health Promotion in Their Reporting Portfolio
- ACHA Leadership Institute: Introduction to College Health and Wellness

**1:30 PM–4:30 PM**

- Perfectionism and Overcontrol Within the College Population: Too Much of a Good Thing?
- Nurse Leadership Seminar
- Well Being and Being Well: A Workshop on Creating Wellness Culture by Promoting Integration of Health Services, Student Affairs and the Mission of the University
- Prosocial Priming: Building Healthy Campuses by Increasing Social Connectedness and Sense of Community
- Chaperoning Sensitive Examinations: Policies, Guidelines, Competencies and Moving Forward with a Better System for Patient Safety
- Psychopharmacology for Common Mental Health Conditions
- The Rise of Electronic Tobacco Products in the U.S.: Implications for Public Health Policy and Practice
- Be Well and Thrive: Promoting College Student Well-Being with Coaching Initiatives
- Achieving AAAHC Accreditation for College Health, Part II

For details visit [www.acha.org/AnnualMeeting19](http://www.acha.org/AnnualMeeting19)

(B) Pre-Conference Workshop Fee

# \_\_\_\_ @ \$65.00

# \_\_\_\_ @ \$150.00

\$

**STUDENT TRAVEL AWARD CONTRIBUTION**

The American College Health Foundation's **Student Travel Award**, through contributions made to the Murray DeArmond Student Fund, provides partial funding support for meeting registration, travel, and hotel expenses for one or more students to travel to the ACHA Annual Meeting.

For details visit [www.acha.org/ACHA/Foundation/Student\\_Travel.aspx](http://www.acha.org/ACHA/Foundation/Student_Travel.aspx).

(C) Enter Contribution Amount

\$

**TOTAL AMOUNT DUE**

**Total Amount Enclosed = (A) + (B) + (C)**

\$

**Continued on page 3**

**GENERAL INFORMATION**

**1. Select all that apply:**

Please contact me. I will need special assistance on-site.



I am attending my first ACHA annual meeting.

**2. Do you require additional accommodations?**

- Vegan Choices
- Gluten-Free Choices
- Kosher Choices
- Access to a gender-inclusive restroom
- Access to a nursing mothers' room

- Mobility
- Auditory
- Visual

*(Note: If you require auditory, mobility, or visual accommodations, ACHA requires a written agreement signed at least 30 days prior to the start of the meeting, so we can ensure that the appropriate services are provided.)*

Do you require child care services, at your expense? (If so, ACHA will be in touch to provide helpful information for your planning.)

Other \_\_\_\_\_

**3. Indicate your area of practice/work (select all that apply):**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Administrator          | <input type="checkbox"/> Full-time Student          | <input type="checkbox"/> Nurse Director      | <input type="checkbox"/> Physician     |
| <input type="checkbox"/> Computer Specialist    | <input type="checkbox"/> Health Educator            | <input type="checkbox"/> Nurse Practitioner  | <input type="checkbox"/> Psychiatrist  |
| <input type="checkbox"/> Counselor              | <input type="checkbox"/> Medical Records Specialist | <input type="checkbox"/> Pharmacist          | <input type="checkbox"/> Psychologist  |
| <input type="checkbox"/> Dietitian/Nutritionist | <input type="checkbox"/> Nurse                      | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Social Worker |
|   |   |  | <input type="checkbox"/> Other _____   |

**4. Do you regularly (every 1-3 years) attend an ACHA affiliate meeting?**

- Yes
- No

**TOTAL DUE/PAYMENT OPTIONS**

Full payment (in U.S. funds) by check or credit card (Visa, MasterCard, or American Express) must accompany registration. **No purchase orders will be accepted.** All registration fees must be paid in full at the time of check-in at the annual meeting. NOTE: If your organization will be submitting payment for more than one registrant, please furnish your accounting department with the [Multiple Registrant Form](#).

Check payable to ACHA is enclosed (see deadlines below)

Charge to (see deadlines below):  Visa  MasterCard  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

**We strongly encourage you to register online.**

**Total Amount Enclosed = (A) + (B) + (C) \$**

**CONFIRMATION/CANCELLATION POLICY**

Confirmation will be emailed to all pre-registered attendees within 24 hours of receipt of your registration. **To pre-register for the meeting, you must do one of the following:**

- Your **online registration** may be completed at any time prior to the first day you plan to attend the meeting: [www.acha.org/AnnualMeeting19](http://www.acha.org/AnnualMeeting19), or
- Your **paper registration form and check** (purchase orders not accepted) must be postmarked by **May 15** and mailed to: **American College Health Association, P.O. Box 417996, Boston, MA 02241-7996** (note new mailing address), or
- Your **fax, including credit card information**, must be sent to (301) 694-5124 no later than **May 15**.

**After May 15, 2019, you must register online with a credit card or bring this form and full payment with you to the meeting. Registration questions: (800) 310-7554**

Once you submit your registration with payment, you will receive an email confirmation. If you have NOT received email confirmation, please call (800) 310-7554 to verify that your registration has been received. If you have NOT received email confirmation, please call **(800) 310-7554** to verify that your registration has been received.

All cancellation requests must be received in writing before April 30, 2019, to qualify for a full refund, minus a \$40.00 cancellation fee. Cancellation requests received after April 30 but before May 15, 2019, will qualify for a 50 percent refund. No refunds will be issued for cancellations received after May 15, 2019. Refund checks will be mailed on or about June 29, 2019. *Submit cancellations via fax to (301) 694-5124 or email to [acha@experient-inc.com](mailto:acha@experient-inc.com).*