

ACHA 2020 Annual Meeting Registration Form

May 24–28, 2020 • Chicago, IL • 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 2020 membership dues must be paid PRIOR to April 1, 2020, to register at the member rate. (If you're unsure about your membership status, login to the [ACHA website](#).)

NOTE THAT MONDAY, MAY 25 IS MEMORIAL DAY!

FULL MEETING (Sunday through Thursday) (Includes all non-ticketed events on Sunday, May 24 through Thursday, May 28)

DAILY (Select the day you will attend) (Includes all non-ticketed events on the day selected only. Also includes eligibility to attend Sunday workshops at \$65 each.)

Monday Tuesday Wednesday Thursday

NOTE: Attendees wishing to attend more than one day must register at the full meeting rate.

If you are a:	Postmarked ON or BEFORE May 11, 2020	Postmarked AFTER May 11, 2020	If you are a:	Postmarked ON or BEFORE May 11, 2020	Postmarked AFTER May 11, 2020
Member at a Member Institution (Mbr Representative)	<input type="checkbox"/> \$510	<input type="checkbox"/> \$610	Member at a Member Institution (Mbr Representative)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$355
Member at a Nonmember Institution	<input type="checkbox"/> \$585	<input type="checkbox"/> \$690	Member at a Nonmember Institution	<input type="checkbox"/> \$330	<input type="checkbox"/> \$385
Student Member ¹	<input type="checkbox"/> \$160	<input type="checkbox"/> \$180	Student Member ¹	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$120
Emeritus Member	<input type="checkbox"/> \$160	<input type="checkbox"/> \$180	Emeritus Member	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$120
Sustaining Member	<input type="checkbox"/> \$715	<input type="checkbox"/> \$815	Sustaining Member	<input type="checkbox"/> \$410	<input type="checkbox"/> \$460
Nonmember	<input type="checkbox"/> \$920	<input type="checkbox"/> \$1,025	Nonmember	<input type="checkbox"/> \$485	<input type="checkbox"/> \$535
Student Nonmember ¹	<input type="checkbox"/> \$190	<input type="checkbox"/> \$215	Student Nonmember ¹	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145
Spouse/Domestic Partner/Child ² <small>pre-approval required; contact membership@acha.org</small>	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160	Spouse/Domestic Partner/Child ² <small>pre-approval required; contact membership@acha.org</small>	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$115

¹ 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.

² 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.

(A) Total Registration Fees

\$

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Advance ticket purchase is required. For those registering for either the full conference or one day (Monday-Thursday), the workshop fee is \$70.00. To attend only a Sunday 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 Monday through Thursday.) Workshops are not available to spouse/partner/child registrants. See cancellation policy on page 3.

SUNDAY, MAY 24

9:30 AM-4:30 PM

Advisor Academy: Training for Advisors of Peer Health Education Groups (*you must register for the full day*) \$140

9:30 AM-12:00 PM

- Creating an Environment Where "Teamwork Makes the Dream Work" \$70
- Hands-On Training for IUD Insertion \$70
- Addressing Implicit Bias in College Health Care \$70
- Structural Violence and Gun Violence in the United States \$70

1:30 PM-4:30 PM

- Mastering Quality Improvement: AAAHC \$70
- Shoulder Essentials: Anatomy, History, Exam, Ultrasound, Injection, and Rehabilitation Workshop \$70
- Primary Care College Mental Health: Foundations of Competent, Comprehensive, and Collaborative Psychiatric Care \$70
- MINDSTRONG: An Evidence-Based Manualized Cognitive-Behavioral Skills Building Program to Decrease Depression and Anxiety \$70
- Emergency Disaster Preparedness: A Partnership Across Campus \$70
- Introduction to Medical Improv \$70

____ @ \$70.00
 # ____ @ \$140.00
 # ____ @ \$150.00

For details visit www.acha.org/AnnualMeeting20

(B) Pre-Conference Workshop Fee

\$

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.

(C) Enter Contribution Amount

\$

TOTAL AMOUNT DUE

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

\$

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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, specify: _____
- Auditory, specify: _____
- Visual, specify: _____

(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):

- Administrator
- Full-time Student
- Nurse Director
- Physician
- Computer Specialist
- Health Educator
- Nurse Practitioner
- Psychiatrist
- Counselor
- Medical Records Specialist
- Pharmacist
- Psychologist
- Dietitian/Nutritionist
- Nurse
- Physician Assistant
- Social Worker
- Other _____

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

- Yes
- No

5. We offer both a printed Final Program and a mobile meeting app. Both contain the same information. (Check your preference below):

- I would like a printed copy of the Final Program
- I do not need a printed copy of the Final Program (and I understand that once I am on-site I will not be able to request one unless there are excess copies available.)

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/AnnualMeeting20, 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, or
- Your fax, including credit card information, must be sent to (301) 694-5124 no later than May 15.

After May 15, 2020, 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.

All cancellation requests must be received in writing before April 30, 2020, to qualify for a full refund, minus a \$40.00 cancellation fee. You may also transfer your full registration payment by April 30th to next year's annual meeting in New Orleans, June 1-5, 2021. Cancellation requests received after April 30 but before May 15, 2020, will qualify for a 50 percent refund. No refunds will be issued for cancellations received after May 15, 2020. Refund checks will be mailed on or about June 29, 2020. Submit cancellations via fax to (301) 694-5124 or email to acha@experient-inc.com.