



2019 Convention Registration Form—Member

First Name _____ Last Name _____

Title _____ Degree(s) _____

Organization _____ Is this organization an FQHC? yes no

Organization Mailing Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Email _____

If you are a presenter, please enter your workshop slot, ex. A2, B5: _____

Conference Fees

On-Site Fees

*General Registration	\$625	\$ _____
Presenter Registration	\$575	\$ _____
Student (undergrad or grad)	\$450	\$ _____
Youth (high school)	\$200	\$ _____

Optional Items

Guest for Food Events Only Adult	\$125	\$ _____
Guest for Food Events Only Children (Age 4-17)	\$75	\$ _____

Pre-Conference Workshops
Not available for purchase onsite.

Continuing Education

Select one: CME, CNE, CHES

<input type="checkbox"/> Mental Health Disciplines <input type="checkbox"/> NAPNAP	\$55	\$ _____
<input type="checkbox"/> Dental		

Donations

<input type="checkbox"/> Unrestricted Funds <input type="checkbox"/> Youth Funds		\$ _____
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Membership Renewal

<input type="checkbox"/> Individual	\$100	
<input type="checkbox"/> Organization	\$500	
<input type="checkbox"/> Student*	\$25	\$ _____

TOTAL \$ _____

Check make payable to: School-Based Health Alliance Credit Card Information VISA MasterCard Discover Amex

Name on Card: _____

Card Number: _____

Expiration Date: _____ Billing Zip Code: _____ Security Code: _____

School-Based Health Alliance- 1010 Vermont Ave., NW, Suite 600 Washington, DC 20005

Federal ID Number: 54-1752058

**Discounted rates available for groups of 5 or more on general registration.
Guest meals: Three breakfast, one luncheon, and opening reception.*