



2019 Convention Registration Form—Non 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

*General Registration

Presenter Registration

Student (undergrad or grad)

Youth (high school)

Optional Items

Guest for Food Events Only

Adult

Guest for Food Events Only

Children (Age 4-17)

Pre-Conference Workshops

Not available for purchase onsite.

Continuing Education

Select one: CME, CNE, CHES

Mental Health Disciplines NAPNAP

Dental

Donations

Unrestricted Funds Youth Funds

Membership Renewal

Individual

Organization

Student*

On-Site Fees

\$745 \$ _____

\$685 \$ _____

\$515 \$ _____

\$200 \$ _____

\$125 \$ _____

\$75 \$ _____

\$55 \$ _____

\$ _____

\$100

\$500

\$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.*