

# ACHA 2017 Annual Meeting Registration Form

May 30–June 3, 2017 • Austin, TX • 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.*

*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 \_\_\_\_\_ Middle Initial \_\_\_\_\_

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 3 TO RECEIVE THE EARLY BIRD DISCOUNT

**IMPORTANT:** Your 2017 membership dues must be paid PRIOR to April 1, 2017, to register at the member rate. (If you're unsure about your membership status, login to the [ACHA website](http://acha.org).)

<p><b>FULL MEETING</b> (Tuesday through Saturday) <i>(Includes all non-ticketed events on Tuesday, May 30 through Saturday, June 3)</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 10, 2017	Postmarked AFTER April 10, 2017	If you are a:	Postmarked ON or BEFORE April 10, 2017	Postmarked AFTER April 10, 2017
Member at a Member Institution (Mbr Representative)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	Member at a Member Institution (Mbr Representative)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Member at a Nonmember Institution	<input type="checkbox"/> \$525	<input type="checkbox"/> \$625	Member at a Nonmember Institution	<input type="checkbox"/> \$275	<input type="checkbox"/> \$330
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
Associate Member	<input type="checkbox"/> \$575	<input type="checkbox"/> \$675	Associate Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$355
Nonmember	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950	Nonmember	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475
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 membership@acha.org</small>	<input type="checkbox"/> \$130	<input type="checkbox"/> \$155	Spouse/Domestic Partner/Child <sup>2</sup> <small>pre-approval required; contact membership@acha.org</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).

**(A) Total Registration Fees** \$

**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 30**

**9:00 AM–12:00 PM**

- Pit Appointments – Student Psychiatric Consultations with Both a Psychiatrist and a Family Doctor
- Sexual Health Hot Topics: Sexual History Taking, Screening, and Treating STIs
- The Basics of Wound Repair: Suturing, I&D, and Beyond
- Essential and Advanced SBIRT: Improving Our Multi-Disciplinary Intervention Skills in Managing Alcohol and Other Health Risks in College Students
- Enacting the Okanagan Charter for Health Promoting Universities: Challenges and Opportunities
- Stalking 2.0: Digging Deeper into the Impact of Cyberstalking and Stalking on College Campuses
- Advocacy Skills Training for College Health Professionals *(also offered in the afternoon)*
- College Health and Wellness Leadership Training: ACHA's New Leadership Institute

**1:30 PM–4:30 PM**

- A Structured Approach to Post-Travel Illness: Fever, Diarrhea, and Dermatological Concerns
- Musculoskeletal Splinting Workshop
- Reorienting Student Affairs to Health Promotion and Prevention
- Using Positive Psychology to Develop a Resilience Training Program
- Preparing for the Inevitable – A Practical Exercise for Infectious Disease Outbreak and Continuity of Your Operations
- Health Communication: Improving Practices in Campus Health
- Advocacy Skills Training for College Health Professionals *(repeat of morning workshop)*
- Beyond ACHA-NCHA Report Documents – Basic Techniques for Evaluating and Analyzing your Campus Data

# \_\_\_\_ @ \$65.00  
# \_\_\_\_ @ \$150.00

For details visit [www.acha.org/AnnualMeeting17](http://www.acha.org/AnnualMeeting17)

**(B) Pre-Conference Workshop Fee**

\$ \_\_\_\_\_

**SPECIAL FUNCTION TICKETED OPTIONS**

**All special function tickets must be paid in full at the time of registration.** Advance ticket purchase is strongly recommended. Tickets, if available, may be purchased on-site but must be purchased 24 hours in advance of each event. **See cancellation policy on page 3.**

**Awards and Fellows Celebration Dinner** *(open to all attendees)*

Thursday, June 1, 7:00 PM-9:00 PM

# of tickets \_\_\_\_\_ x \$75 per ticket .....  
( \_\_\_\_\_ number of gluten free meals required)  
( \_\_\_\_\_ number of kosher meals required)  
( \_\_\_\_\_ number of vegetarian meals required)

\$ \_\_\_\_\_

**One-Day Lunch Voucher:** Includes (1) entrée sandwich or salad; (1) soda or water; (1) bag of chips, or piece of whole fruit, or cookie. You will receive your voucher(s) with your badge materials.

# of vouchers \_\_\_\_\_ x \$18 per voucher .....  
# of vouchers \_\_\_\_\_ x \$18 per voucher .....  
# of vouchers \_\_\_\_\_ x \$18 per voucher .....

Wed. \$ \_\_\_\_\_  
 Thurs. \$ \_\_\_\_\_  
 Fri. \$ \_\_\_\_\_

For details visit <http://www.acha.org/AnnualMeeting17>

**(C) Total Ticket/Voucher Purchase**

\$ \_\_\_\_\_

**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 travel and hotel expenses for one or more students to travel to the ACHA Annual Meeting.

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

**(D) Enter Contribution Amount**

\$ \_\_\_\_\_

**TOTAL AMOUNT DUE**

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

\$ \_\_\_\_\_

## 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

Other \_\_\_\_\_

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

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

- Administrator  
 Computer Specialist  
 Counselor  
 Dietitian/Nutritionist

- Full-time Student  
 Health Educator  
 Medical Records Specialist  
 Nurse

- Nurse Director  
 Nurse Practitioner  
 Pharmacist  
 Physician Assistant

- Physician  
 Psychiatrist  
 Psychologist  
 Social Worker  
 Other \_\_\_\_\_

## 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) + (D)**

**\$**

## CONFIRMATION/CANCELLATION POLICY

### Pre-Registration Confirmation

*Pre-registration closes on May 8, 2017.* 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 by May 8, 2017:*

- Your **online registration** must be completed: [www.acha.org/AnnualMeeting17](http://www.acha.org/AnnualMeeting17), *or*
- Your **paper registration form and check** (purchase orders not accepted) must be postmarked 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

*After May 8, 2017, you must bring this form and full payment with you to the meeting. Registration questions: (800) 310-7554*

If you have NOT received email confirmation, please call (800) 310-7554 to verify that your registration has been received. ACHA cannot guarantee that registrations submitted after May 8, 2017, will be processed prior to the meeting. If you have not received confirmation, you may not be registered. In this case, you will need to register and pay on-site. Your original payment will be refunded after the meeting.

### Cancellations

All cancellation requests must be received in writing before April 28, 2017, to qualify for a full refund, minus a \$40.00 cancellation fee. Cancellation requests received after April 28 but before May 15, 2017, will qualify for a 50 percent refund. No refunds will be issued for cancellations received after May 15, 2017. Refund checks will be mailed on or about June 30, 2017. *Submit cancellations via fax to (301) 694-5124 or email to [acha@experient-inc.com](mailto:acha@experient-inc.com).*