

ACHA 2018 Annual Meeting Registration Form

May 29–June 2, 2018 • Washington, DC • 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 _____ 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 9 TO RECEIVE THE EARLY BIRD DISCOUNT

IMPORTANT: Your 2018 membership dues must be paid PRIOR to April 1, 2018, to register at the member rate. (If you're unsure about your membership status, login to the [ACHA website](http://acha.org).)

<p>FULL MEETING (Tuesday through Saturday) <i>(Includes all non-ticketed events on Tuesday, May 29 through Saturday, June 2)</i></p>	<p>DAILY (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>NOTE: Attendees wishing to attend more than one day must register at the full meeting rate.</p>				
<p>If you are a:</p>	<p>Postmarked ON or BEFORE April 9, 2018</p>	<p>Postmarked AFTER April 9, 2018</p>	<p>If you are a:</p>	<p>Postmarked ON or BEFORE April 9, 2018</p>	<p>Postmarked AFTER April 9, 2018</p>
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 ¹	<input type="checkbox"/> \$155	<input type="checkbox"/> \$175	Student Member ¹	<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"/> \$650	<input type="checkbox"/> \$750	Sustaining Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Nonmember	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950	Nonmember	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475
Student Nonmember ¹	<input type="checkbox"/> \$185	<input type="checkbox"/> \$210	Student Nonmember ¹	<input type="checkbox"/> \$115	<input type="checkbox"/> \$140
Spouse/Domestic Partner/Child ² <small>pre-approval required; contact membership@acha.org</small>	<input type="checkbox"/> \$130	<input type="checkbox"/> \$155	Spouse/Domestic Partner/Child ² <small>pre-approval required; contact membership@acha.org</small>	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$110

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

\$

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 29

9:00 AM–12:00 PM

- Clinical Interventions to Prevent and Respond to Intimate Partner and Sexual Violence
- The Basics of Wound Repair: Basic Suturing, I&D, and Basic Digital Blocks
- Providing Inclusive and Affirming Health Care to Transgender and Genderfluid Students
- HIV Pre-Exposure Prophylaxis (PrEP): An Implementation Workshop
- Using Logic Models to Develop and Assess Health Education and Promotion Programming
- ACHA Leadership Institute: Introduction to College Health and Wellness
- Crucial Takeaways from Recent Campus Tragedies and Catastrophes

1:30 PM–4:30 PM

- Point of Care Ultrasound to Evaluate the Lung and Heart in a College Health Center
- Narrative Medicine for the College Health Provider
- Achieving AAAHC Accreditation
- Beyond ACHA-NCHA Report Documents – Basic Techniques for Evaluating and Analyzing Your Campus Data
- The Nuts and Bolts of Creating, Managing, and Sustaining a Collaborative Care Team
- Driving Diversity Goals into Action
- Introduction to State, Federal and Administrative Advocacy

For details visit www.acha.org/AnnualMeeting18

(B) Pre-Conference Workshop Fee

____ @ \$65.00
____ @ \$150.00
\$

SPECIAL FUNCTION TICKETED OPTIONS

We have changed the format of the **Awards and Fellows Celebration Dinner** this year. Instead of a ticketed dinner, we're pleased to announce the new **ACHA Celebrates!** An evening dessert reception featuring the 2018 Award recipients and Fellows, followed by a special performance of The Capitol Steps, a nationally known political satire group.
All registered meeting attendees are invited to all three events and this is included in your meeting registration fee. ACHA 2018 Meeting name badges will be required for admittance.

- I plan to attend (check all that apply):
- The Dessert Reception (7:00 pm – 7:30 pm)
 - The Awards and Fellows Celebration Ceremony (7:30 pm – 8:00 pm)
 - The Capitol Steps Performance (8:10 pm – 9:00 pm)

Due to rising costs, we will not be offering pre-paid lunch vouchers as we have done in previous years. The hotel will have cash and carry sandwiches, salads, snacks and beverages available for sale on Wednesday, Thursday, and Friday from 11:30 am – 1:30 pm. To help the hotel plan, if you intend to purchase a lunch from the hotel, please indicate the day(s) you plan to do so. This does not bind you to making this purchase, nor does it guarantee you a lunch if the hotel sells out before the stated end time.

- I plan to purchase lunch from the hotel (check all that apply):
- Wednesday, May 30
 - Thursday, May 31
 - Friday, June 1

For details visit www.acha.org/AnnualMeeting18

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 www.acha.org/ACHA/Foundation/Student_Travel.aspx.

(C) Enter Contribution Amount

\$

TOTAL AMOUNT DUE

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

\$

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

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
- 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 _____

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

Pre-Registration Confirmation

Pre-registration closes on May 9, 2018. 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 9, 2018:

- Your online registration must be completed: www.acha.org/AnnualMeeting18, 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 9, 2018, 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 9, 2018, 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 30, 2018, to qualify for a full refund, minus a \$40.00 cancellation fee. Cancellation requests received after April 30 but before May 15, 2018, will qualify for a 50 percent refund. No refunds will be issued for cancellations received after May 15, 2018. Refund checks will be mailed on or about June 30, 2018. Submit cancellations via fax to (301) 694-5124 or email to acha@experient-inc.com.