2016 Dakota Conference on Rural and Public Health

Registration Form

Registration forms and payment must be received by the Center for Rural Health by April 15, 2016 to receive the discounted registration.

You may also register online: ruralhealth.und.edu/dakota-conference

Contact Information

Please type or clearly print information as you would like it to appear on all printed materials.

Name ____________________________________________
Position/Title ______________________________________
Organization _______________________________________
Work Mailing Address ________________________________
City/State/Zip ______________________________________
Phone _____________________________________________
E-mail ____________________________________________

Please select meals you will be attending:

Monday, 5/16     Tuesday, 5/17     Wednesday, 5/18
☐ Lunch       ☐ Breakfast       ☐ Breakfast
☐ PM Break    ☐ AM Break       ☐ AM Break
☐ Reception   ☐ Lunch          ☐ PM Break

Please provide a written request for any special needs (including dietary) ________________________________

Fees

Early-Bird Registration (paid on or before April 15, 2016)
(If registration is submitted but payment is not received by April 15, 2016 2016 participants will be assessed the regular registration fee)

☐ Full Conference Registration = $225
☐ Presenter Registration = $200
☐ Third Person same organization = $200

NOTE: Each person registering for the third-person rate must be accompanied by two full conference registrations (i.e., Person 1: full conf.; Person 2: full conf.; Person 3: 3rd person; Person 4: full conf., etc.). In order to receive the third person discount rate all registration forms must be sent together. If the third person registration is not accompanied by two full conference registrations, they will not qualify for the group discount rate and will be charged full conference price. In order to qualify for the third person discount when registering online, the third person and two full conference registrations must all be received within 30 minutes of one another. If you have questions about third person registration, please call Julie at 701.777.4173.

☐ One Day Only = $150     Specify which day: ☐ Monday ☐ Tuesday
☐ Wednesday Only = $100
☐ Student Registration = $50 (To qualify as a student, you must be registered as a full-time student)
☐ Banquet (with registration) = $15
☐ Banquet (without registration) = $25    # of tickets _____

Registration (payment received after April 15, 2016)

☐ Full Conference Registration = $275
☐ Presenter Registration = $250
☐ One Day Only = $200     Specify which day: ☐ Monday ☐ Tuesday
☐ Wednesday Only = $150
☐ Student Registration = $75 (To qualify as a student, you must be registered as a full-time student)
☐ Banquet (with registration) = $25
☐ Banquet (without registration) = $30    # of tickets _____
☐ Child (12 & Under) Banquet– chicken strip meal = $15    # of tickets _____
Pre/Post Conference/Evening Events

- Critical Access Hospital (CAH) Workshop (May 16, 2016; 8:00 am–11:30 pm) = $15.00
- North Dakota Public Health Association Meeting (May 16, 2016; 8:00 am–11:30 am) – no charge
- North Dakota Rural Health Association Meeting (May 17, 2016; 12:30 pm–2:00 pm) – no charge
- Grant Writing Workshop (hosted by the CRH) (May 18, 2016; 1:00 pm–5:00 pm) – no charge, must pre-register

As part of participating in the Dakota Conference on Rural and Public Health, your contact information will be shared with other participants and the Dakota Conference paid sponsors and exhibitors. Your information may also be used to contact you for special events occurring during the conference. Your contact information will not be sold. Please contact Kylie at kylie.nissen@med.und.edu if you have questions.

- I wish to opt out of having my contact information included.

Scholarships are available!
Visit ruralhealth.und.edu/dakota-conference/scholarships by February 15, 2016 to apply.

Payment Method
Confirmation will be sent upon receipt of payment. All payments are nonrefundable.

- Please send me an invoice (invoices will be emailed) to pay by check.
- Check #__________ enclosed for $__________
  Please make checks payable to UND.

Mail to
Kylie Nissen, Senior Project Coordinator
UND Center for Rural Health
501 N. Columbia Rd. Stop 9037
Grand Forks, ND 58202-9037
Fax: 701.777.6779