



Mid-America College Health Association
2014 Annual Meeting
Illinois State University
Normal, IL | November 5-7, 2014



Please join us for the MACHA 2014 Annual Conference, hosted by Illinois State University, on November 5-7, 2014 at the Marriott Hotel & Conference Center in Normal, IL!

CONFERENCE ATTENDEE REGISTRATION:

The early registration deadline is **October 1st**. Any mailed in forms must be postmarked by that date. After October 1st, a \$25.00 late fee is applied to the registration fee. Registration can be submitted online at www.machaonline.org or you can fill out the attached form and fax, scan/email, or mail in. We are accepting credit card or check payments. Further registration and contact information is located on the following page.

CANCELLATION POLICY:

Refunds will be returned, less a \$50.00 administration fee for cancellations received in writing by October 1st to Deb at dcowde@IllinoisState.edu. After that date, no refunds will be provided.

Once your registration and payment is received, you will be sent a confirmation email containing further information including hotel, parking, and maps of the area.

Please check out the conference website for further information at www.machaonline.com. We look forward to seeing you at the 2014 Conference!

Sincerely,

2014 MACHA Annual Conference Planning Committee

Conference Contact information:

General Conference Questions and Program Information:

Nikki Brauer

MACHA Program Chair

Email: wellness@IllinoisState.edu

Phone: (309) 438-9355

Erin Link

MACHA Communication Chair

Email: ellink@IllinoisState.edu

Phone: (309) 438-1891

Conference Registration Questions

Megan McCann

Illinois State University, Conference Services

Email: memccan@IllinoisState.edu

Phone: (309) 438-2160



Mid-America College Health Association

2014 Annual Meeting

Illinois State University

Normal, IL | November 5-7, 2014

CONFERENCE ATTENDEE REGISTRATION

Registration is being taken online at www.machaonline.com, or by completing this form. The early registration deadline is **October 1, 2014**. Refunds will be returned, less a \$50.00 administration fee for cancellations received in writing by October 1st to Deb at dcowde@IllinoisState.edu.

Name: _____ Credentials: _____

Title: _____ ACHA Member Number (RMI or Individual): _____

College /University / Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please list any dietary restrictions: _____

<p>REGISTRATION FEES: Please check one. Registration fees include all sessions, conference materials, breaks, meals, special events, and entry to the Exhibit Hall.</p>	
<p>EARLY REGISTRATION - (postmarked by October 1st)</p> <p><input type="checkbox"/> ACHA Member - \$150</p> <p><input type="checkbox"/> ACHA Member Presenting at MACHA - \$125</p> <p><input type="checkbox"/> Non-ACHA Member - \$175</p> <p><input type="checkbox"/> Local Professional - \$115</p> <p><input type="checkbox"/> Student - \$50</p>	<p>LATE REGISTRATION – (postmarked after October 1st)</p> <p><input type="checkbox"/> ACHA Member - \$175</p> <p><input type="checkbox"/> ACHA Member Presenting at MACHA - \$150</p> <p><input type="checkbox"/> Non-ACHA Member - \$200</p> <p><input type="checkbox"/> Local Professional - \$140</p> <p><input type="checkbox"/> Student (<i>late fee does not apply</i>) - \$50</p>

<p>CONTINUING EDUCATION FEES: Please check one (if applicable).</p> <p>ACHA MEMBER (M) - \$25.00 NON-ACHA MEMBER (NM) - \$50.00</p> <p>M NM</p> <p><input type="checkbox"/> <input type="checkbox"/> Certificate of Attendance</p> <p><input type="checkbox"/> <input type="checkbox"/> CHES/MCHES, # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> CME (Non-Physician)</p> <p><input type="checkbox"/> <input type="checkbox"/> CME (Physician)</p> <p><input type="checkbox"/> <input type="checkbox"/> Nursing Contact Hours</p> <p><input type="checkbox"/> <input type="checkbox"/> NBCC (Counselors)</p>
--

<p>SPECIAL EVENTS: Please check all that apply. There is no additional cost to attend either of these events.</p> <p>I plan to attend:</p> <p><input type="checkbox"/> Wednesday Evening Welcome Reception</p> <p><input type="checkbox"/> Thursday Dinner</p>
--

REGISTRATION & PAYMENT INFORMATION:

By Phone: (800) 877-1478 or (309) 438-2160, 8:00 a.m. to 4:30 p.m., M-F

By Mail: Complete registration form and send with payment to:

MACHA
Illinois State University Conference Services
Campus Box 8610, Normal, IL 61790-8610

By Fax: Fax completed registration form to (309) 438-5364 with credit card payment

Online: Register online at www.machaonline.com

Check enclosed for \$ _____ (payable to Illinois State University)

Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____

Signature on card _____

For questions regarding registration, please contact ISU Conference Services at (800) 877-1478 or (309) 438-2160.

If you need special accommodations to fully participate, please contact ISU Conference Services by October 22, 2014.