

Tri-State Conference Registration Form (Non-Business Partner)

If you prefer to register online, do not complete this form.
Visit <http://kingevents.org/tri-state-conference-registration/> and complete the online form.

Name _____ Title _____

Organization _____

Address _____

Phone _____ Email _____ Member/District _____ Non-member _____

Guest/Spouse Name _____ (Guests permitted at Wednesday dinner only)

Please indicate the meal functions you will attend:

_____ Wednesday Reception/Dinner

_____ Thursday Breakfast

_____ Thursday Luncheon

_____ Friday Breakfast

Please detail special dietary requirements, e.g., gluten free, vegetarian, allergies below:

Registration Type	Fee until 4/1/15	Fee after 4/1/15	Amount Due
Chapter member (NCHHRA, SCHHRA or VaSHHRA)	\$200.00	\$250.00	
3 Chapter members from the same organization	\$175.00 each	\$225.00 each	
Non-member (of a Tri-State Chapter or ASHHRA)	\$300.00	\$350.00	
Non Chapter Member (ASHHRA member)	\$275.00	\$325.00	
Guest/ Spouse Wed. Reception/Dinner	\$ 75.00	\$100.00	
		TOTAL DUE:	

Please choose your breakout session by checking the appropriate boxes below:

Thursday, 8-9:30 a.m.:

_____ Breakout A - Living the Examined Life

_____ Breakout B - Retirement Plan Knowledge

Thursday, 10:00 - 11:30 a.m.:

_____ Breakout C - 10 Minutes that Matter

_____ Breakout D - Employee Engagement

Thursday, 1:45 - 3:15 p.m.:

_____ Breakout E - Wage & Hour Issues

_____ Breakout F - Humor in the Workplace

Payment must accompany registration form:

Check payable to NCHHRA (tax ID #59-2294589)

Check Number _____

Credit Cards Accepted: Visa, MasterCard, American Express

Cardholder's name _____

Billing address _____

Card # _____

Exp. Date _____ CV2 _____

Cancellations must be received in writing by April 1 (no phone cancellations accepted).
No refunds will be given after that date, regardless of the cause.

Return completed form with payment to:
 Meetings & Events 2611 Cotton Planter Lane, Charlotte, NC 28270
 Email: jayne@kingevents.org Fax: (704) 814-9264

Strategic Leaders for Healthcare's Future
Leading the Wave of Change
Tri-State Conference
Tuesday, April 28 - Friday, May 1, 2015

Room Rate: \$149.00 (Single/Double)
Tax equals 12%



Hotel Reservation Deadline:
April 7, 2015

MAIN CONTACT/ LAST NAME (Roommate #1) _____ FIRST NAME _____ MI _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTRY (US, Canada) _____ E-MAIL ADDRESS _____

DAYTIME TELEPHONE _____ FAX NUMBER _____

Room Type Request:

ARRIVAL DATE: _____ / _____ (MO/DAY)
DEPARTURE DATE: _____ / _____ (MO/DAY)
of Rooms: _____
of Adults: _____
Marriott Rewards Number: _____

Check in time is 4:00 pm
Check out time is 11:00 am

Resort Fee is Complimentary
Valet Parking is \$18.00 per night

Group run-of-house rates have been negotiated.
However, we cannot guarantee bed-type, sleeping
room locations, or view. All accommodations are non
smoking.

Room Type Request:

- Single – 1 bed /1-2 people
- Double – 2 beds / 3-4 people
- Adjoining Rooms
- Handicap Accessible
- Rollaway Bed

No Show Policy:

If a guest does not check in on the reserved check in date (and has not notified the hotel of any changes), the room will be subject to release. If the hotel is sold out over the remainder reserved dates the hotel does not guarantee a room. The guest will be charged for the one night; if the room is not resold due to the no show, then the guest will be charged for the entire stay.

Cancellation Policy:

Group rooms must be canceled three (3) days prior to arrival or the credit card on file will be charged a one night's room and tax penalty. There are no exceptions.

Please guarantee the room reservation to the following major credit card:

Card # _____ Exp Date: _____
MUST BE VALID THRU 06/15

Name of Cardholder: _____ Authorized Signature: _____

DEPOSIT – CONFIRMATION - A major credit card (listed above) or a check is required to confirm your reservation. You should receive a written or email confirmation within 1 week. If you do not receive confirmation please call 1 800- 228-9290. Reservations cancelled less than 3 (three) days prior to arrival date will be charged a fee equal to the first night's room rate.

PLEASE read carefully and FAX or MAIL this completed form along with deposit or credit card number per room to:
Marriott Resort at Grande Dunes
8400 Costa Verde Drive
Myrtle Beach, SC 29572
Fax Number (843) 692-3700