

Conference Registration Form

* Use this form to register for the conference.

Note: If you wish to attend the conference Day of Reflection on Friday, May 18, please complete the separate conference retreat registration form.

Sister Rev. Brother Deacon Mrs. Mr. Ms. _____ (other)

Last Name _____ First _____

Title/Position _____

Institution _____ City/State _____

Preferred Mailing Address _____

City/State/Zip _____

Phone # _____ Fax # _____

Preferred First Name on Badge _____

E-Mail Address _____

Member of (check both if they apply):

NACC (Membership # _____) Other _____

This is my first NACC conference.

I require special accommodations in accordance with the Americans with Disabilities Act.

Specify: _____

Dietary instructions for meals.

Specify: _____

OFFICE USE ONLY

Check/Money Order _____

Credit Card _____

PLEASE NOTE:

- ▶ **April 16, 2012** is the deadline for the last postmark for EARLY BIRD registration.
- ▶ **April 23, 2012** is the last guaranteed date to book room reservations at conference prices.
- ▶ **May 7, 2012** is the last date for receipt of mail-in registrations. All additional registrations will be taken ON SITE ONLY.
- ▶ **May 7, 2012** is the last date for receipt of registration cancellations that are eligible to receive a refund of registration and meal fees (minus a \$50 processing fee). After this date, no registration or meal fees will be refunded. Note that refunds cannot be made for inclement weather or airline cancellations affecting travel.



STEP 1: If you will be attending the entire conference, please complete Box A. If you are only attending 1 or 2 days, complete Box B.

BOX A – Complete this section if you will attend the FULL conference.

~Note: Fees listed include the following: Saturday Reception, Sunday Lunch and Banquet, Monday Lunch, and Tuesday Breakfast ~

Please select one:

- Early Bird Full Registration**\$335
(for registration postmarked by April 16, 2012)
- Full Registration**\$385
(for registration postmarked after April 16, 2012)
- Student Registration**\$225
(To be eligible for student registration you must be a student member, graduate student, or a CPE student. Board certified chaplains are not eligible for this rate.)
- Non-Pastoral Care Professional**\$235
(Registration fee for non-pastoral-care professionals e.g. parish nurse, VP of Mission, etc.)

Box A Total ...\$_____

BOX B – Complete this section if you will attend the conference only on specific days.

Please select which applies:

- Saturday (includes Reception)\$70
- Sunday (includes Lunch and Banquet)\$165
- Monday (includes Lunch).....\$130
- Tuesday (includes Breakfast).....\$75

Box B Total ... \$_____

STEP 2: Would you like to attend a pre-conference workshop on Saturday, May 19? If yes, Complete Box C. If No, Skip to Step 3 on the reverse.

BOX C – Complete this section if you will attend a pre-conference workshop on Saturday, May 19 (7:30 a.m. – 11:30 a.m.)

~ Note: Pre-conference workshop cost is NOT included in conference registration fee.

Please select one:

- P1 ~ Spiritual Care Leadership Path – Richter/O’Gorman/Heintzkill . \$75
- P2 ~ El Córason y El Alma - Casanta-Floryance \$75
- P3 ~ Ministry to the Bereaved – Irish. \$75
- P4 ~ Research – Fitchett/Murphy/Vandervest \$75

Box C Total ... \$_____

* Both sides of this registration form must be completed in order to process your registration.

Conference Registration Form

STEP 3: Is your spouse/guest attending and will they enjoy meals with you? If yes, Complete Box D. If No, Skip to Step 4. *Note: Spouse/guest meal package does NOT include entry to workshops or plenary sessions. If your spouse/guest wishes to attend the entire conference, please complete a separate registration form.*

BOX D – Complete this section if a spouse/guest would like to join for the meals during the conference. (Saturday Reception, Sunday Lunch and Banquet, Monday Lunch, and Tuesday Breakfast)

Spouse/Guest Meal Package\$150
 Spouse's Name: _____
 Preferred Mailing Address: _____
 City/State/Zip: _____
 Spouse's Preferred First Name on Badge: _____

Box D Total\$_____

STEP 4: Would you like to make a donation to the NACC Scholarship Fund? If yes, Complete Box E. If No, Skip to Step 5.

BOX E – Complete this section if you would like to make a donation to the NACC Scholarship Fund.

I would like to donate \$_____ to the NACC Scholarship Fund.

Box E Total\$_____

STEP 5: Now let's calculate the total amount you owe. Take the Totals for EACH BOX (A – E) and place them below in Box F.

BOX F – Calculating how much to pay. Add together Box A - E.

Box A Total \$ _____
 Box B Total \$ _____
 Box C Total \$ _____
 Box D Total \$ _____
 Box E Total \$ _____ **GRAND TOTAL DUE . . . \$_____**

STEP 6: How do you plan to pay? Please select below the payment method.

BOX G – Please indicate payment method and follow the directions.

- Check or Money Order (U.S. Funds)**
 Enclose your Check/Money Order, made payable to the National Association of Catholic Chaplains with your completed registration form and mail to NACC, 4915 South Howell Avenue, Suite 501, Milwaukee, WI 53207.
- Credit Card (U.S. Funds)**
 ~ NACC accepts credit card payments for transactions of \$100 or more. Visa and MasterCard are accepted.
 ~ Complete your registration form and submit to the National Association of Catholic Chaplains by mail (see address above), fax (414-483-6712), or email (send a PDF to conference@nacc.org).
 ~ Upon receipt, NACC will review your registration form for correctness. NACC will alert you via email that your completed registration form has been received/reviewed and will provide instructions for contacting the NACC (during business hours) to process your credit card payment. A response to this email MUST be received within 48 hours.

NACC TAX ID NUMBER: 39-1368967

STEP 7: Please select your workshops.

SEE WORKSHOP DESCRIPTIONS FOR INFORMATION

■ Saturday, May 19, 2012 - 12:15 p.m. - 1:30 p.m.

(OPTIONAL NACC Workshops)

PLEASE SELECT 1 WORKSHOP

- N1 ~ NACC Certification
- N2 ~ NACC Renewal of Certification
- N3 ~ NACC CPE Supervisors
- N4 ~ NACC Interviewer Training
- N5 ~ NACC Leadership
- I DO NOT wish to attend a workshop in this timeslot

■ Sunday, May 20, 2012 - 11:00 a.m. - 12:15 p.m.

PLEASE SELECT 1 WORKSHOP

- S1 ~ Spiritual Care Leadership Path – Fitchett/Murphy
- S2 ~ Restorative Justice – Balchunas
- S3 ~ Suicide Prevention – Horgan
- S4 ~ Chaplains as Leaders – Cook
- S5 ~ Reconciling Anxiety and Worry – Young
- S6 ~ Chaplain as Reconciler – Malueg
- S7 ~ Transplant Support Group – Vandervest/Presser/Albergo
- S8 ~ Tea for the Soul – Marshall
- I DO NOT wish to attend a workshop in this timeslot

■ Monday, May 21, 2012 – 8:15 a.m. – 9:30 a.m.

PLEASE SELECT 1 WORKSHOP

- M1 ~ Spiritual Care Leadership Path – Castello/Connolly/Royston
- M2 ~ The Divine Dance – Hronec
- M3 ~ Chaplains and Patient Satisfaction – Beltramo
- M4 ~ Becoming a More Peaceable Person – Ireland
- M5 ~ The Ticking Clock – Conrad
- M6 ~ Companioning People with Dementia – Talvacchia
- M7 ~ Suffering and Grace – Murphy
- M8 ~ Chaplain's Role on an Interdisciplinary Team – Sincaban/Nehls/Leon/Kather
- I DO NOT wish to attend a workshop in this timeslot

■ Sunday, May 20, 2012 - 12:30 p.m. - 1:45 p.m.

PLEASE CHOOSE ONE MINISTRY FOCUS GROUP

- | | |
|--|---|
| <input type="checkbox"/> Aging, Geriatrics, and Long-term Care | <input type="checkbox"/> Intensive Care (Critical Care) |
| <input type="checkbox"/> AIDS Ministry | <input type="checkbox"/> Military/Veteran's Affairs Ministry |
| <input type="checkbox"/> Behavioral Health Ministry | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Bereavement Ministry | <input type="checkbox"/> One-Person Departments |
| <input type="checkbox"/> Chaplains in the Corporate Setting | <input type="checkbox"/> Palliative Care/Hospice |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Parish Ministry |
| <input type="checkbox"/> Corrections/Prison Ministry | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Complementary Care/Healing Arts | <input type="checkbox"/> Research |
| <input type="checkbox"/> CPE Supervisors | <input type="checkbox"/> Students |
| <input type="checkbox"/> Department Directors | <input type="checkbox"/> Trauma/ER |
| <input type="checkbox"/> GLBT Ministry | <input type="checkbox"/> Vice Presidents |
| <input type="checkbox"/> Home Care (Outpatient Facilities) | <input type="checkbox"/> I WILL NOT attend the ministry focus group |

Note: Complete and return with registration form.

VOLUNTEER SIGNUP FORM

Many volunteers will be needed to ensure a successful conference. Please consider volunteering some of your time. Check the boxes for the times you are willing to help. Volunteer information and names will be posted at the NACC registration area on site at the national conference. .

Name (please print or type) _____

Daytime phone _____ E-mail _____

Saturday, May 19, 2012

- Registration staffing, 10:30 – 12:30
- Registration staffing, 12:30 – 2:30
- Registration staffing, 2:30 – 4:30
- Conference opening/General Session – distribute materials
- Reception – collect tickets

Sunday, May 20, 2012

- Registration staffing, 8:00 – 10:00
- Registration staffing, 10:00 – 12:00
- Registration staffing, 12:00 – 2:00
- General Session – distribute materials
- Lunch – collect tickets
- Mass – Eucharistic minister
- Mass – Other assistance as needed
- Workshops (11:00 a.m.)
- Banquet – Collect tickets

Monday, May 21, 2012

- Registration staffing, 8:00 – 10:00
- Registration staffing, 10:00 – 12:00
- Registration staffing, 12:00 – 2:00
- Workshops (8:15 a.m.)
- Priest/Sacrament of Reconciliation
- General Session – distribute materials
- Lunch – collect tickets
- Mass – Eucharistic minister
- Mass – Priest/Sacrament of Anointing
- Mass – Other assistance as needed

Tuesday, May 22, 2012

- Breakfast – collect tickets
- General Session – distribute materials
- Mass – Eucharistic minister
- Mass – Other assistance as needed
- I am interested in being part of the Volunteer Choir for our liturgies only if I am able to attend a mandatory rehearsal on Saturday, May 19, 2012 at 10:00 a.m.
- I am interested in being part of the Reflective Dancers for the Saturday and Monday prayer services.
- Please volunteer me as needed during the conference.