



**MISSOURI ASSOCIATION OF RURAL HEALTH CLINICS
 SUMMER 2023 CONFERENCE REGISTRATION
 TUESDAY, JUNE 13, 2023
 CAPITOL PLAZA HOTEL – JEFFERSON CITY, MO**

ORGANIZATIONAL CONTACT INFORMATION

Organization Name: _____

Main Contact & E-mail: _____

Address: _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

If your organization has multiple MARHC members or attendees please list below

REGISTRATION FEES

	MARHC Member Rates	Amount	Quantity	Total
<input type="checkbox"/>	First MARHC attendee	\$200.00	1	\$ _____
<input type="checkbox"/>	Additional MARHC attendees	\$175.00	_____	\$ _____
	Non-Member Rates			
<input type="checkbox"/>	Non-members first attendee	\$300.00	1	\$ _____
<input type="checkbox"/>	Additional non-member attendees	\$275.00	_____	\$ _____
	<i>Grand Total</i>			\$ _____

PAYMENT

Check (make payable to MARHC)

Please forward payment and completed form to: Missouri Association of Rural Health Clinics, PO Box 296, Jefferson City, MO 65102. For questions email info@marhc.org.

Contributions or gifts to MARHC are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses to restrictions imposed as a result of association lobby activities. MARHC estimates the non-deductible portion of your dues-the portion allocated for lobbying-is 25%.



ADDITIONAL CONFERENCE ATTENDEES

Use this section if your organization has multiple RHC representatives attending. Feel free to include additional copies of this page as needed for all conference attendees from your organization.

Clinic Contact & E-mail: _____

Address: _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

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Address: _____

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