**Community Health Association of Mountain/Plains States (CHAMPS)**

**2016 FALL CONFERENCE REGISTRATION REIMBURSEMENT REQUEST FORM**

**FOR REGION VIII (CO, MT, ND, SD, UT, WY) CHCS THAT ARE CHAMPS MEMBERS**

**LIMIT: ONE PER CHAMPS ORGANIZATIONAL MEMBER CHC**

***CHAMPS/NWRPCA Fall Primary Care Conference***

**October 15-18, 2016 – Denver, CO**

Registration Reimbursement Request Must Be Returned To CHAMPS By 12/15/16

**REGISTRATION REIMBURSEMENT REQUEST FOR
NAME:**

**TITLE:**

**ORGANIZATION:**

**ADDRESS:**

**PHONE: E-MAIL:**

**CHECK SHOULD BE MADE PAYABLE TO:**

**DATES REGISTERED FOR/ATTENDED THE CONFERENCE:**

**REGISTRATION REIMBURSEMENT REQUEST SUBMITTED BY
\_\_\_ INITIAL HERE IF SAME AS ABOVE**

**NAME:**

**PHONE: E-MAIL:**

**CONFERENCE REGISTRATION FEE PAID (amount seeking reimbursement for): $\_\_\_\_\_\_\_**

**REGISTRATION REIMBURSEMENT REQUEST - *MAXIMUM $790\****

***LEGIBLE PROOF OF PAYMENT MUST BE INCLUDED WITH REQUEST***

**Return this completed form and proof of payment by 12/15/16 to:**

[Community Health Association of Mountain/Plains States (CHAMPS)](http://champsonline.org/)

Attention: Julie Hulstein, Executive Director

600 Grant Street #800, Denver, CO 80203

Fax: 303-861-5315 / Email: Julie@champsonline.org

\*2016 CHAMPS/NWRPCA Fall Primary Care Conference registration reimbursement is available to [CHAMPS Organizational Member CHCs](http://champsonline.org/about/champs-overview/champs-organizational-members) in good standing as of October 14, 2016. Each CHAMPS Organizational Member CHC is entitled to reimbursement for one registration fee (total value up to $790). CHC staff who are eligible include line staff, medical support staff, and mid-level managers and supervisors; providers and Executive Directors/CEOs are not eligible. Registration reimbursement requests will be accepted beginning October 19th; reimbursement will be processed after the conference has concluded. Reimbursement requests will only be accepted with proof of payment.

*Thank you for your membership in CHAMPS!*