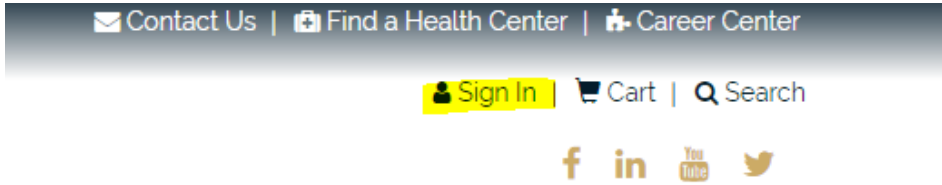
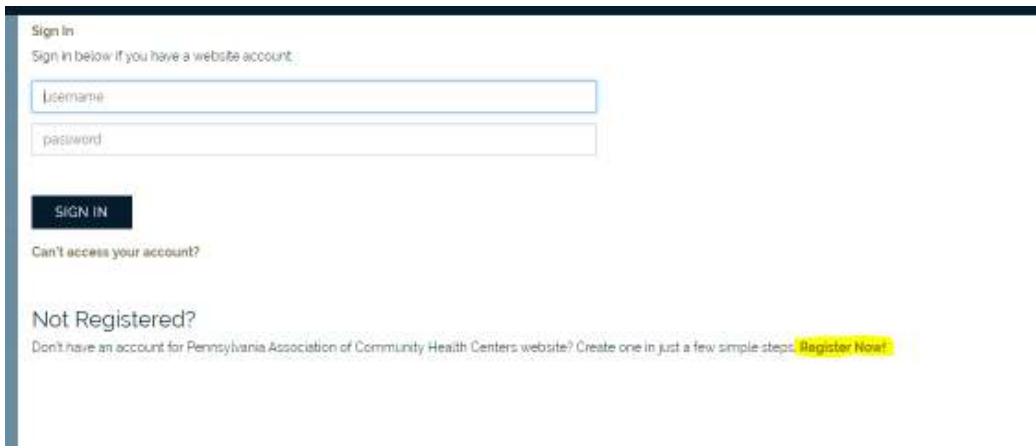


Accessing Your Account

- To register for the Annual Conference and Clinical Summit, you must be logged into our system.
 - If you have an account: To log in, click the “Sign In” button at the top right corner of our site.



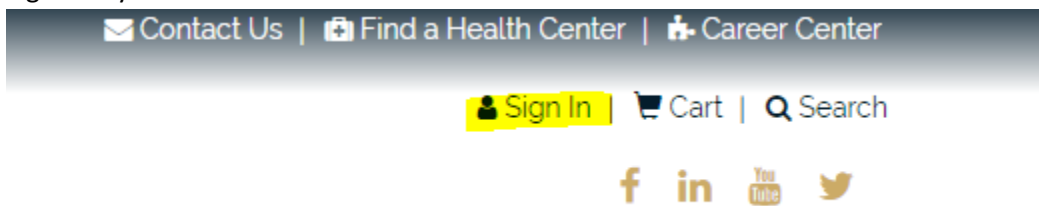
- If you do not have an account, click the “Sign In” button at the top right corner of our site and follow the “Not Registered” steps.



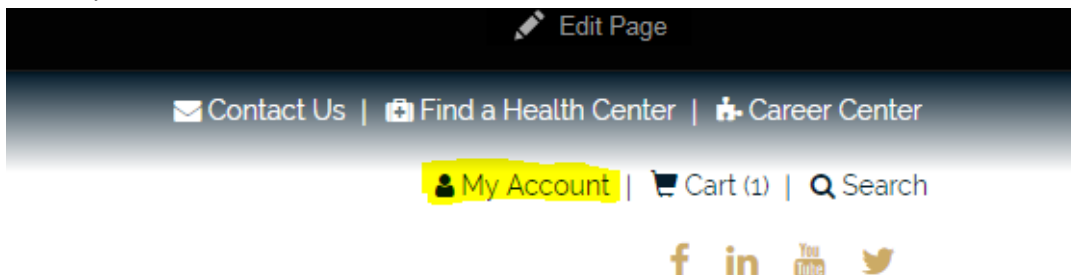
Managing Employees

Prior to starting the conference registration process, we encourage you to go in and manage your employees. This will ensure that all employees you need to register for the conference are in the system which will eliminate the need to leave the conference registration screen during the process. To manage employees, follow these steps:

1. Sign into your PACHC account:

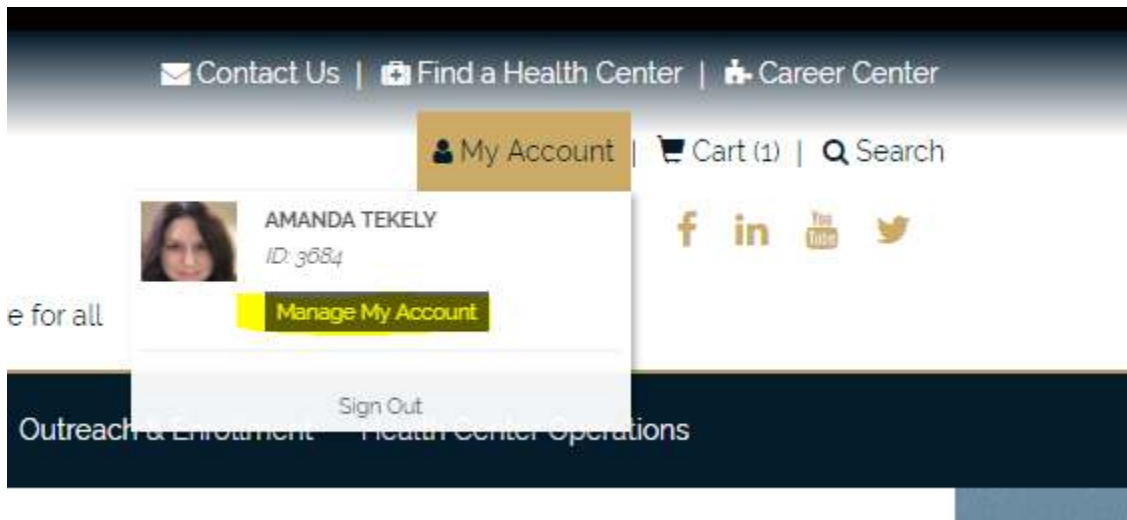


2. Click my account:



are for all

3. Click manage my account:



4. Click manage company and employees

Amanda Tekely (#3684)

Pennsylvania Association of Community Health Centers
1035 Mumma Rd.
Suite 1
Lemoyne, PA 17043

Email: amanda@pachc.org
Phone: 717-761-6443 Ext. 205
Website: www.pachc.com

Membership Info

No membership information on record.

Account Actions

- Edit Profile
- Edit Bio
- Demographics
- Addresses
- Contact Info
- Preferences
- Change Username
- Reset Password

Governance

to display

| Name | Start | End |
|---|-----------|------------|
| Communications Committee - PACHC Staff | 6/22/2017 | 12/31/2017 |
| Program Committee - PACHC Staff | 1/1/2016 | 12/31/2017 |

Company Affiliations

- Affiliate with Company

Pennsylvania Association of Community Health Centers (Admin)
Started: 3/31/2017

- **Manage Company and Employees**
- Leave Company

5. Click manage employees

Pennsylvania Association of Community Health Centers (#460)

Pennsylvania Association of Community Health Centers
1035 Mumma Rd.
Suite 1
Lemoyne, PA 17043

Phone: 717-761-6443
Website: www.pachc.org

Membership Info

No membership information on record.

JOIN NOW

BACK TO MY USER HOME

Account Actions

- Edit Profile
- Demographics
- Addresses
- Contact Info
- Preferences
- **Manage Employees**

- You will see a table listing all employees that are associated with your organization. Check the list and click add new employee for the individuals you need to add:

Current Employees

ADD NEW EMPLOYEE **FIND AN EMPLOYEE**

| | Name | Position | Email | Primary | Admin |
|------------------------|-------------------|--|------------------|--------------------------|-------------------------------------|
| Remove | Denise Bortner | Recruitment Coordinator | denise@pachc.org | <input type="checkbox"/> | <input type="checkbox"/> |
| Remove | Cheryl Bumgardner | Manager Clinical & Quality Improvement | cheryl@pachc.org | <input type="checkbox"/> | <input type="checkbox"/> |
| Remove | Cindi Christ | Chief Operations Officer | cindi@pachc.org | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Remove | Serina Gaston | Director of Strategic Initiatives and Corporate Compliance | serina@pachc.org | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- For each employee that you add, you will need to enter the following information: First and last name, address, and email address. **Note: the company name will automatically pull from your organization. There is a dropdown box that allows you to change the address to the various sites your organization has:**

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Position Title:

Company Name:

Company Dept:

Employer Address:

Street Address:

Suite/Floor:

Country:

Postal/Zip Code:

- Click save after each employee. Continue this process until you are completed adding your employees.

Conference Registration as an Administrator

As an administrator, you can register employees at your organization or register yourself (the add employee button will take you to the screen shown in step 5 above).

Registering Yourself for the Conference

1. Go to the annual conference registration page and sign in: <https://www.pachc.org/Events/Annual-Conference/Conference-Registration>
2. Make sure **Register self** is selected in the Select Contact field:

2022 Annual Conference & Clinical Summit Registration

Select Registrant Registration Meeting Questions Donations Submit

Select Contact

Please pick a registrant for this session:

Register self Add Employee

NEXT

3. Click next to continue to the registration options. Select your registration option and click next:

2022 Annual Conference & Clinical Summit Registration

Select Registrant **Registration** Meeting Questions Donations Submit

Registration

Registration options

Please select one of the option boxes below:

Full Conference Registration (Members) *APEX AWARDS LUNCHEON INCLUDED*

PREVIOUS NEXT

4. Answer the meeting questions. (All meals are included with conference registration). All questions must be answered:

4a. Select Virtual or In-Person Registration

2022 Annual Conference & Clinical Summit Registration

Select Registrant | Registration | **Meeting Questions** | Donations | Submit

Meeting Questions

Will you be attending the conference in-person or virtually? * ✕

PREVIOUS NEXT

4b. If you select In-Person Registration, additional meeting questions will need to be answered

2022 Annual Conference & Clinical Summit Registration

Select Registrant | Registration | **Meeting Questions** | Donations | Submit

Meeting Questions

Will you be attending the conference in-person or virtually? * ✕

Will you be attending the Networking Luncheon for Pre-Conference Intensive: Participants on Tuesday (10/12)? *

Will you be attending the Meet and Greet Happy Hour on Tuesday at 5:00pm (10/12)? *

Will you be attending the Networking Breakfast on Wednesday (10/13)? *

Will you be attending the 2022 APEX Awards Luncheon on Wednesday (10/13)? *

Will you be attending the Community Health Center Networking Breakfast on Thursday (10/14)? *

Will you be attending the Lunch Buffet on Thursday (10/14)? *

Do you have any food allergies? *

5. Click next to continue to the donation page. Select donation amount or click next to continue without donating:

2022 Annual Conference & Clinical Summit Registration

Select Registrant | Registration | Meeting Questions | **Donations** | Submit

Donations

Donate to Pennsylvania Association of Community Health Centers

\$500 \$250 \$100 \$50 Other

Dedicate my donation
 Honor someone special or memorialize someone who has passed with your donation.

PREVIOUS NEXT

6. Change the “Bill To” your organization and check the box to accept the Terms & Conditions. **Setting the “Bill To” your organization allows the system to calculate organizational member bucket rates.**

2022 Annual Conference & Clinical Summit Registration

Select Registrant | Registration | Meeting Questions | Donations | **Submit**

Submit

Bill to
Please verify that the correct bill to is set. If you are registering more than one person, the Bill To must be sent to the company.

Pennsylvania Association of Community Health Centers

I accept the Terms & Conditions.

REGRETS.. NO REFUNDS AFTER SEPTEMBER 24, 2021.

Registration cancellation requests are your individual responsibility and must be received by the deadline of September 24, 2021. If cancellations are not received by the above mentioned date, you will be held financially responsible for any and all existing conference arrangements. Written notifications are accepted via email or fax. Cancellation requests via voicemail are not accepted. Please remember that canceling your registration does not automatically cancel your hotel and travel arrangements. You are responsible for canceling your own hotel and travel reservations. PACHC reserves the right to use any photograph/video taken at any event sponsored by PACHC, without the expressed written permission of those included within the photograph/video. PACHC may use the photograph/video in publications or other media material produced, used, or contracted by PACHC including but not limited to brochures, invitations, books, newspapers, magazines, television, websites, etc.

7. Save & Register Another (skip to steps for registering employees) or Finish & Pay.
8. After you click Finish & Pay, you will be directed to your shopping cart. Please check that the amount is correct before paying for your order. **If you have questions, please contact PACHC at 717-761-6443.**

Shopping Cart

| Description | Recipient | Quantity | Price | Subtotal |
|---|----------------|----------|----------|-----------------|
| <input checked="" type="checkbox"/> Full Conference Registration - (Per Registrant) | Amanda Teveloy | 1 | \$525.00 | \$525.00 |
| | | | | Total: \$525.00 |

If you have received a promotion code, enter it here (this field is not required):

9. Click proceed to check out and complete the payment information.

Shopping Cart

[EDIT MY SHOPPING CART](#)

You are authorized to bill more than one contact. The billing contact is shown below.
To change this to a different billing contact pull down the list and select a different name. If you are purchasing this on behalf of a company, please select the company name.

Bill To:
Pennsylvania Association of Community Health Centers ▼

Payment Amount: \$525.00

Invoice Billing Address:
Select Address: Pennsylvania Association of Community Health Centers ▼
Attention:

Credit Card Billing Address (change if incorrect):
First Name * Amanda
Last Name * Telety
Position Title:
Company/Institution: Pennsylvania Association of Com
Department:
Address: 1035 Mumma Rd.
Address 2: Suite 1
Country: United States ▼
ZipCode: 17043
City: Lemoyne ▼

Registering Employees for the Conference


1. Go to the annual conference registration page and sign in: <http://www.pachc.org/Events/Annual-Conference/Conference-Registration>
2. Select the organization from the dropdown box (select the site where the employee works):

2022 Annual Conference & Clinical Summit Registration

[Select Registrant](#) | [Registration](#) | [Meeting Questions](#) | [Donations](#) | [Submit](#)

Select Contact

Please pick a registrant for this session:

▼ 

[Add Employee](#)

[NEXT](#)

3. Once the site is selected the screen will refresh and a table with your employees will appear:

Please pick a company for this session:

Register employee of Pennsylvania Association of Community Health Centers

Add Employee

| Last Name | First Name | Position | EMail | Already Registered | In Cart |
|-------------|------------|--|------------------|--------------------|---------|
| Bordner | Denise | Recruitment Coordinator | denise@pachc.org | | |
| Burgentiner | Cheryl | Manager Clinical & Quality Improvement | cheryl@pachc.org | | |
| Christ | Carol | Chief Operations Officer | carol@pachc.org | | |
| Geston | Serna | Director of Strategic Initiatives and Corporate Compliance | serna@pachc.org | | |
| Grigg | Patti | Executive Assistant | patti@pachc.org | | |
| Kabantz | Mary | Accounting Clerk | mary@pachc.org | | |
| Koock | Jule | Director of Finance & Business | jule@pachc.org | | |

Page size: 10

4 items in 2 pages

NEXT

4. Select an employee by clicking that line in the table (the person will be highlighted dark grey when selected):

Register employee of Pennsylvania Association of Community Health Centers

Add Employee

| Last Name | First Name | Position | EMail | Already Registered | In Cart |
|-------------|------------|--|------------------|--------------------|---------|
| Bordner | Denise | Recruitment Coordinator | denise@pachc.org | | |
| Burgentiner | Cheryl | Manager Clinical & Quality Improvement | cheryl@pachc.org | | |
| Christ | Carol | Chief Operations Officer | carol@pachc.org | | |

5. The screen will refresh again. The selected employee will be listed at the top under selected registrant:

My Information

Aracelis Toliver
 Pennsylvania Association of Community Health Centers
 1035 Mumma Rd
 Suite 1
 Lemoyne, PA 17043
 Phone 717-751-6443 Ext. 205
 Email smanda@pachc.org

Edit Profile

Selected Registrant

Denise Bordner
 Pennsylvania Association of Community Health Centers
 1035 Mumma Rd
 Suite 1
 Lemoyne, PA 17043
 Phone 717-751-6443 Ext. 205
 Email denise@pachc.org

Membership

No membership

2017 Annual Conference & Clinical Summit Registration

Select Registrant | Registration | Meeting Questions | Donations | Submit

Select Contact

Please pick a company for this session:

Register employee of Pennsylvania Association of Community Health Centers

Add Employee

| Last Name | First Name | Position | EMail | Already Registered | In Cart |
|-------------|------------|--|------------------|--------------------|---------|
| Bordner | Denise | Recruitment Coordinator | denise@pachc.org | | |
| Burgentiner | Cheryl | Manager Clinical & Quality Improvement | cheryl@pachc.org | | |

6. Click next to continue to the registration options. Select their registration option and click next:

2022 Annual Conference & Clinical Summit Registration

Select Registrant | **Registration** | Meeting Questions | Donations | Submit

Registration

Registration options

Please select one of the option boxes below

Full Conference Registration (Members *APEX AWARDS LUNCHEON INCLUDED)

PREVIOUS NEXT

4. Answer the meeting questions. (All meals are included with conference registration). All questions must be answered:

4a. Select Virtual or In-Person Registration

2022 Annual Conference & Clinical Summit Registration

Select Registrant | Registration | **Meeting Questions** | Donations | Submit

Meeting Questions

Will you be attending the conference in-person or virtually? * **Virtual** x

PREVIOUS NEXT

4b. If you select In-Person Registration, additional meeting questions will need to be answered

2022 Annual Conference & Clinical Summit Registration

Select Registrant | Registration | **Meeting Questions** | Donations | Submit

Meeting Questions

Will you be attending the conference in-person or virtually? * **In-Person** x

Will you be attending the Networking Luncheon for Pre-Conference Intensive Participants on Tuesday (10/12)? *

Will you be attending the Meet and Greet Happy Hour on Tuesday at 5:00pm (10/12)? *

Will you be attending the Networking Breakfast on Wednesday (10/13)? *

Will you be attending the 2022 APEX Awards Luncheon on Wednesday (10/13)? *

Will you be attending the Community Health Center Networking Breakfast on Thursday (10/14)? *

Will you be attending the Lunch Buffet on Thursday (10/14)? *

Do you have any food allergies? *

5. Click next to continue to the donation page. Select donation amount or click next to continue without donating:

2022 Annual Conference & Clinical Summit Registration

Select Registrant | Registration | Meeting Questions | **Donations** | Submit

Donations

Donate to Pennsylvania Association of Community Health Centers

\$500 \$250 \$100 \$50 Other

Dedicate my donation
If you are someone special or mention a personal info has passed with your donation

FINISH & PAY NEXT

6. Change the “Bill To” your organization and check the box to accept the Terms & Conditions. **Setting the “Bill To” your organization allows the system to calculate organizational member bucket rates.**

2022 Annual Conference & Clinical Summit Registration

Select Registrant | Registration | Meeting Questions | Donations | **Submit**

Submit

Bill to
Please verify that the correct Bill To is set. If you are registering more than one person, the Bill To must be sent to the company.

Pennsylvania Association of Community Health Centers

I accept the Terms & Conditions

REGRETS. NO REFUNDS AFTER SEPTEMBER 24, 2021.

Registration cancellation requests are your individual responsibility and must be received by the deadline of September 24, 2021. If cancellations are not received by the above mentioned date, you will be held financially responsible for any and all existing conference arrangements. Written notifications are accepted via email or fax. Cancellation requests via voicemail are not accepted. Please remember that canceling your registration does not automatically cancel your hotel and travel arrangements. You are responsible for canceling your own hotel and travel reservations. PACHC reserves the right to use any photograph/video taken at any event sponsored by PACHC, without the expressed written permission of those included within the photograph/video. PACHC may use this photograph/video in publications or other media material produced, used, or contracted by PACHC including but not limited to brochures, invitations, books, newspapers, magazines, television, websites, etc.

7. Save & Register Another (skip to steps for registering employees) or Finish & Pay.

8. After you click Finish & Pay, you will be directed to your shopping cart. Please check that the amount is correct before paying for your order. **If you have questions, please contact PACHC at 717-761-6443.**

Shopping Cart

| Description | Recipient | Quantity | Price | Subtotal |
|--|---------------|----------|----------|-----------------|
| <input type="checkbox"/> Full Conference Registration - (Per Registrant) | Amanda Tekely | 1 | \$525.00 | \$525.00 |
| | | | | Total: \$525.00 |

If you have received a promotion code, enter it here (this field is not required):

APPLY PROMOTION

UPDATE YOUR CART CONTINUE SHOPPING PROCEED TO CHECK OUT

9. Click proceed to check out and complete the payment information.

Shopping Cart

[EDIT MY SHOPPING CART](#)

You are authorized to bill more than one contact. The billing contact is shown below.
To change this to a different billing contact pull down the list and select a different name. If you are purchasing this on behalf of a company, please select the company name.

Bill To:
Pennsylvania Association of Community Health Centers ▼

Payment Amount: \$1,050.00

Invoice Billing Address:
Select Address: Pennsylvania Association of Community Health Centers ▼
Attention:

Credit Card Billing Address (change if incorrect):
First Name: Amanda
Last Name: Tekely
Position Title:
Company/Institution: Pennsylvania Association of Com
Department:
Address: 1035 Mumma Rd