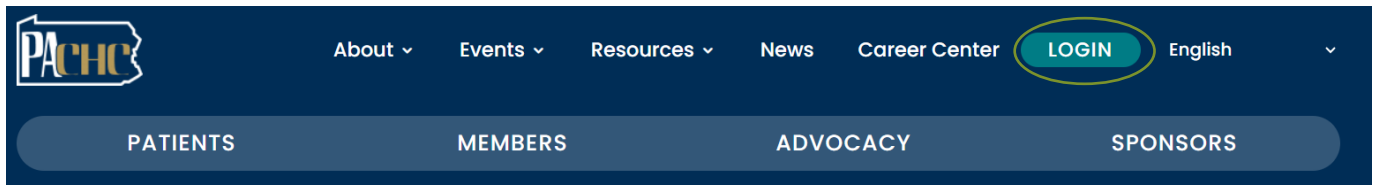# Accessing Your Account

- 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 "Login" 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. Login into your PACHC account:
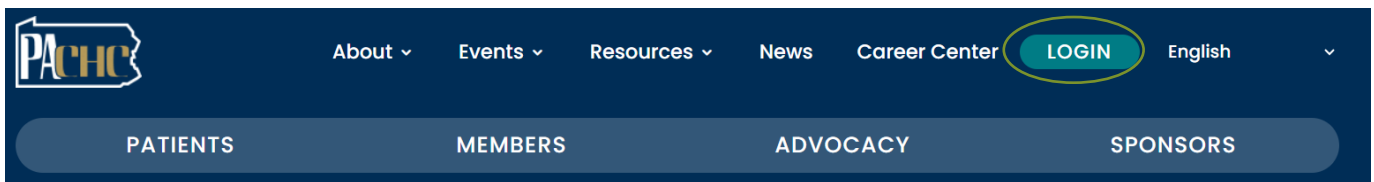
2. You will be redirected to your account:
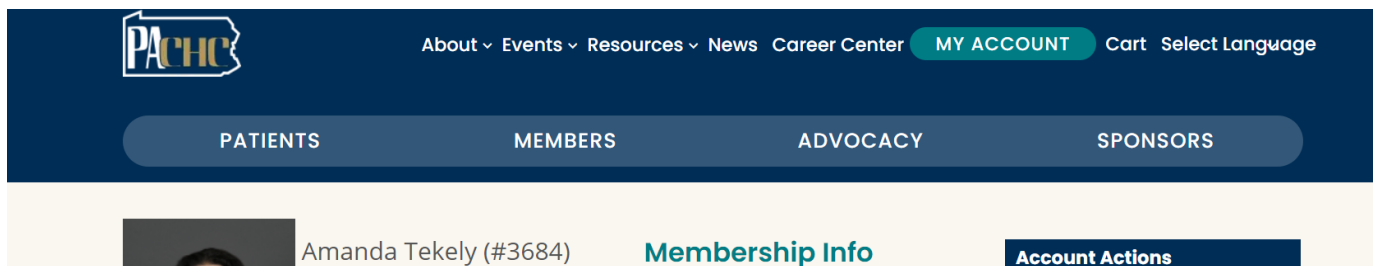
3. Click manage company and employees

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.

Current ▼		- All Positions - ▼	
Name	Start	End	
Communications Committee - PACHC Staff	6/22/2017	12/31/2017	
Program Committee - PACHC Staff	1/1/2016	12/31/2017	
Staff			

Company Affiliations

❯ Affiliate with Company

**Pennsylvania Association of Community
Health Centers** *(Admin)*
Started: 3/31/2017
❯ Manage Company and Employees
❯ Leave Company

4. 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

5. 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 Bordner	Recruitment Coordinator	denise@pachc.org	☐	☐
Remove	Cheryl Bumgardner	Manager Clinical & Quality Improvement	cheryl@pachc.org	☐	☐
Remove	Cindi Christ	Chief Operations Officer	cindi@pachc.org	☐	☑
Remove	Serina Gaston	Director of Strategic Initiatives and Corporate Compliance	serina@pachc.org	☐	☑

6. 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:	ⓘ	Pennsylvania Association of Community Health Centers
Company Dept:	ⓘ	
Employer Address:	ⓘ	> Company: 1035 Mumma Rd., Lemoyne, PA ▾
Street Address: *	ⓘ	1035 Mumma Rd.
Suite/Floor:	ⓘ	Suite 1
Country: *	ⓘ	United States ▾
Postal/Zip Code:	ⓘ	17043

7. 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://my.pachc.org/Events/Annual-Conference-Page/Conference-Registration
2. Make sure **Register self** is selected in the Select Contact field:

2023 Annual Conference & Clinical Summit Registration

Select Registrant	Registration	Meeting Questions	Donations	Submit

Select Contact

Please pick a registrant for this session: Add Employee

Register self ▾

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

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

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

2023 Annual Conference & Clinical Summit Registration

Select Registrant	Registration	Meeting Questions	Donations	Submit

Donations

Donate to Pennsylvania Association of Community Health Centers

| $20 | $50 | $100 | $300 | $500 | 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.

2023 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 22, 2023.

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.

	Description	Recipient	Quantity	Price	Subtotal
✖	Full Conference Registration (Members) *APEX AWARDS LUNCHEON INCLUDED*	Amanda Tekely	1	$0.00	$0.00
✖	Registration (Individual or Group Adjusted Amount)	Pennsylvania Association of Community Health Centers	1	$450.00	$450.00
					Total: $450.00

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

APPLY PROMOTION

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

Registering Employees for the Conference

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

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		
Bumgardner	Cheryl	Manager Clinical & Quality Improvement	cheryl@pachc.org		
Christ	Cindi	Chief Operations Officer	cindi@pachc.org		
Gaston	Serina	Director of Strategic Initiatives and Corporate Compliance	serina@pachc.org		
Griggs	Patti	Executive Assistant	patti@pachc.org		
Koontz	Mary	Accounting Clerk	mary@pachc.org		
Korick	Julie	Director of Finance & Business	julie@pachc.org		🛒

⏮ ◀ ① 2 ▶ ⏭   Page size: 10 ▾   14 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):

Add Employee

Register employee of Pennsylvania Association of Community Health Centers ▾   ↻

Last Name	First Name	Position	EMail	Already Registered	In Cart
Bordner	Denise	Recruitment Coordinator	denise@pachc.org		
Bumgardner	Cheryl	Manager Clinical & Quality Improvement	cheryl@pachc.org		
Christ	Cindi	Chief Operations Officer	cindi@pachc.org		

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

My Information

Amanda Tekely
Pennsylvania Association of Community Health Centers
1035 Mumma Rd.
Suite 1
Lemoyne, PA 17043
Phone: 717-761-6443 Ext. 205
Email: **amanda@pachc.org**

Edit Profile

Selected Registrant

Denise Bordner
Pennsylvania Association of Community
Health Centers
1035 Mumma Rd.
Suite 1
Lemoyne, PA 17043
Phone: 717-761-6443 Ext. 215
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		
Bumgardner	Cheryl	Manager Clinical & Quality Improvement	cheryl@pachc.org		

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

2023 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

2023 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 ✕ ▾

PREVIOUS   NEXT

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

2023 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 ✕ ▾

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

▾

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

▾

Will you be attending the Networking Breakfast on Wednesday (10/11)? *

▾

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

2023 Annual Conference & Clinical Summit Registration

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

Donations

Donate to Pennsylvania Association of Community Health Centers

| $20 | $50 | $100 | $300 | $500 | 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.

2023 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 22, 2023.

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 pachc@pachc.org.

Shopping Cart

	Description	Recipient	Quantity	Price	Subtotal
✖	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. |