National Alliance for Medicaid in Education (NAME) Information Form

NAME Membership

If this is the first year your Local Education Agency (LEA) is requesting to access the free one-year membership to NAME, please complete the information below. Staff from the Department of Human Services will submit your information and you will receive notification from NAME when your membership begins.

LEA name

LEA address

LEA phone number

First & Last Name of LEA Member

Title of LEA Member

Email address

NAME Annual Conference

If you would like to be considered as one of the grant-supported attendees to the NAME Conference to represent your LEA, please provide the information below:

Applicant LEA Name

Applicant Name (attendee)

Applicant title

Applicant email address

Miles to conference center

Would you require overnight lodging? ◯ Yes ◯ No

Have you previously attended the NAME Conference? ◯ Yes ◯ No