

Meeting Registration Form

ACHA 2008 Annual Meeting ■ June 3-7, 2008
Orlando, Florida

Each attendee (including presenters, presidors, facilitators, and spouses/domestic partners) must complete a registration form. Type or neatly print in dark ink.

4 WAYS TO REGISTER

- Online:** www.acha.org/AnnualMeeting08
(Credit cards only)
- Mail:** ACHA Annual Meeting Registration
P.O. Box 63-5104
Cincinnati, OH 45263-5104
- Fax:** (330) 963-0319
(Credit cards only. To avoid duplicate charges, please do not mail your registration if you have faxed it.)
- On-Site:** After May 9, bring this form and full payment with you to the meeting.


Registration questions:
(330) 425-9330

Pre-registration deadline is May 9

Registrant Information

Last Name _____ (as it should appear on name badge) First Name _____ (as it should appear on name badge)
Preferred Degree _____ (as it should appear on name badge) Position Title _____
Institution Name _____ (as it should appear on name badge) Individual Member ID# _____
Mailing Address: Home Office (Note: Your continuing education certificates will be mailed to this address.)
City _____ State/Prov. _____ ZIP _____
Daytime Phone _____ Fax _____ E-mail _____
City and State of your institution IF DIFFERENT from mailing address above (for name badge): City _____ State _____

Special Needs

Please contact me. I will need special assistance on-site. 

Check All That Apply

- attending first annual meeting
- exclude name (opt-out) from mailing lists requested by outside organizations
- will be requesting continuing education

Area of Practice

(Check all that apply)

- Administrator
- Computer Specialist
- Counselor
- Dietitian/Nutritionist
- Full-time Student
- Health Educator
- Medical Records Specialist
- Nurse
- Nurse Director
- Nurse Practitioner
- Pharmacist
- Physician Assistant
- Physician
- Psychologist
- Social Worker
- Other _____

Registration Fees

* Register by April 11 to receive the early bird discount *

IMPORTANT: 2008 membership dues must be paid by April 30, 2008 to register at the member rate.

Full Meeting (Tuesday through Saturday) (Includes all nonticketed events on Tues., June 3 through Sat., June 7)

	Postmarked ON or BEFORE April 11, 2008	Postmarked AFTER April 11, 2008
MEMBER RATES		
Regular Member ¹	<input type="checkbox"/> \$435	<input type="checkbox"/> \$530
Student Member ^{2,3}	<input type="checkbox"/> \$155	<input type="checkbox"/> \$175
Emeritus Member	<input type="checkbox"/> \$155	<input type="checkbox"/> \$175

	Postmarked ON or BEFORE April 11, 2008	Postmarked AFTER April 11, 2008
NONMEMBER RATES		
Regular Nonmember	<input type="checkbox"/> \$680	<input type="checkbox"/> \$785
Student Nonmember ^{2,3}	<input type="checkbox"/> \$180	<input type="checkbox"/> \$205
Spouse/Domestic Partner ³	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145

Name of regular attendee that Spouse/Partner is accompanying _____

Daily -- Check the Day You Will Attend (Includes all nonticketed events on the day selected only.)

Tuesday Wednesday Thursday Friday Saturday

NOTE: ATTENDEES WISHING TO ATTEND MORE THAN ONE DAY MUST REGISTER AT THE FULL MEETING RATE.

	Postmarked ON or BEFORE April 11, 2008	Postmarked AFTER April 11, 2008
MEMBER RATES		
Regular Member ¹	<input type="checkbox"/> \$225	<input type="checkbox"/> \$280
Student Member ^{2,3}	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$115
Emeritus Member	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$115

	Postmarked ON or BEFORE April 11, 2008	Postmarked AFTER April 11, 2008
NONMEMBER RATES		
Regular Nonmember	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395
Student Nonmember ^{2,3}	<input type="checkbox"/> \$110	<input type="checkbox"/> \$135
Spouse/Domestic Partner ³	<input type="checkbox"/> \$ 60	<input type="checkbox"/> \$100

Name of regular attendee that Spouse/Partner is accompanying _____

(A) Total Registration Fees \$ _____

¹ Regular Member = ACHA Regular or Associate Individual Member.

² The student rate is open to individuals who are full-time students at a recognized college or university, and who are not employed as "professional" or "civil service" employees at the institution's health service. Proof of full-time student status must accompany your registration form.

³ Student and spouse/domestic partner fees do not include continuing education credits or certificates of attendance. The spouse/domestic partner fee is limited to guest attendees. In order to qualify for this rate, the attendee must be accompanying a regular, student, or emeritus conference registrant in a non-professional, non-college health related, and non-business related role.

Ticketed Options

All special function tickets must be paid in full at the time of registration and are nonrefundable. Preregistration is strongly recommended. Tickets, if available, may be purchased on-site, but must be purchased 24 hours in advance of each event.

Awards/Fellows Dinner (Thurs., June 5, 7:00 PM-9:00 PM) # of Tickets _____ x \$60 per ticket \$ _____
(_____ number of vegetarian meals required)

Charity Golf Invitational: ACHF's Campaign 2011 (Tues., June 3, 2:30 PM-7:30 PM) # of Tickets _____ x \$165 per ticket \$ _____

Golf Academy (Tues., June 3, 4:30 PM-6:00 PM) # of Tickets _____ x \$90 per ticket \$ _____

For details visit www.acha.org/AnnualMeeting08.

(B) Total Ticket Purchase \$ _____

Student Scholarship Fund Contribution

Scholarship recipients receive a complimentary registration for the 2008 ACHA Annual Meeting. For details visit www.acha.org/AnnualMeeting08.

(C) Enter Contribution Amount \$ _____

Arnold Palmer Hospital Contribution

ACHA is accepting \$5.00 donations to purchase crayons and coloring books for the Arnold Palmer Hospital for Children. For details visit www.acha.org/AnnualMeeting08.

(D) Enter \$5.00 Contribution \$ _____

Total Due/Payment Options

Full payment (in U.S. funds) by check or credit card (Visa, MasterCard, or American Express) must accompany registration. **No purchase orders will be accepted.** All registration fees must be paid in full at the time of check-in at the annual meeting.

Check payable to ACHA is enclosed Charge to: _____ MasterCard _____ Visa _____ American Express

Card Number _____ Expiration Date _____

Name _____ Signature _____

Total Amount Enclosed = (A) + (B) + (C) + (D) \$ _____

If your organization will be submitting payment for more than one registrant, please furnish your accounting department with the Multiple Registrant Form in the Preliminary Program.

Carefully review the Confirmation/Cancellation Policy as stated in the Preliminary Program. During the meeting, photos may be taken of attendees for use in ACHA promotional materials.