ACHA 2008 ANNUAL MEETING ■ JUNE 3-7, 2008 ■ ORLANDO, FL

Confirmation/Cancellation Policy

Written registration confirmation will be mailed to those whose registrations are received with a postmark on or before May 9. Registrations postmarked after May 9 will be processed at the onsite rate, but may not be followed up with confirmation. If you have not received written confirmation and wish to verify that your registration has been received, call (330) 425-9330.

All cancellation requests must be received in writing before April 30 to qualify for a full refund, minus a $40 cancellation fee. Cancellation requests received after April 30 but before May 23 will qualify for a 50 percent refund. No refunds will be issued for cancellations received after May 23.

All changes and cancellations must be made in writing and submitted via fax to 330-963-0319 or via email to acha2008@experient-inc.com.

Refund checks will be mailed on or about June 30.

Volume Discounts

Volume discounts are offered to ACHA Institutional Members only.

For every three regular member or nonmember full conference registrations, member institutions will receive one additional regular member full conference registration at half price or one free student registration. (Proof of student status is required at time of registration.)

For every six regular member or nonmember full conference registrations, member institutions will receive one additional free regular member full conference registration or two free student registrations. (Proof of student status is required at time of registration.)

To register for the volume discount, complete the multiple registrant form below as well as a separate registration form for each attendee. Please submit all together along with proof of full-time student status and payment to the address on the registration form. If you have questions, contact Tiffany Adams at 410-859-1500 x211 or tadams@acha.org.

MULTIPLE REGISTRANT FORM MULTIPLE REGISTRANT FORM MULTIPLE REGISTRANT FORM

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Please provide this form to your accounting department if one check covers more than one registrant. Duplicate this form if more space is needed.

Name of person registered (One registration form for <u>each</u> person must be attached.)	Registration Fee	Special Function Ticket Fees	Total Fee Covered by Enclosed Check	Total Fee Individual to Pay on Own

Total Amount Enclosed . . . . . **$**_____

❑ Check payable to ACHA is enclosed
Check # _____

❑ Charge to: _____ MasterCard _____ Visa _____ American Express
Card Number _____ Expiration Date _____
Name _____ Signature _____

Institution Name _____

Contact Person _____ **Title** _____ **Phone** _____

Send this form and all registrations (with payment) at the same time to: ACHA Annual Meeting, P.O. Box 63-5104, Cincinnati, OH 45263-5104, fax (330) 963-0319.