

Meeting Registration Form

ACHA 2010 Annual Meeting ■ June 1-5 ■ Philadelphia, PA

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

Carefully review the Confirmation/Cancellation Policy.

Meeting attendees' contact information may be used for future communications by ACHA and furnished to ACHA exhibitors for a one-time use (emails not provided to exhibitors). During the meeting, photos may be taken of attendees for use in ACHA Promotional materials.

4 WAYS TO REGISTER

- Online:** www.acha.org/AnnualMeeting010
(Credit cards only)
- Mail:** ACHA Annual Meeting Registration
P.O. Box 63-5104
Cincinnati, OH 45263-5104
- Fax:** (301) 694-5124
(Credit cards only. To avoid duplicate charges, please do not mail your registration if you have faxed it.)
- On-Site:** After May 13, bring this form and full payment with you to the meeting.

Registration questions:
(301) 694-5243

Pre-registration deadline is
May 13

Registrant Information

Last Name _____ (as it should appear on name badge) First Name _____ (as it should appear on name badge)

Preferred Degree _____ Position Title _____
(as it should appear on name badge)

Institution Name _____ Individual Member ID# _____
(as it should appear on name badge)


Mailing Address: Home Office

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
- 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 (see page 2)

Enter your total registration fees from page 2 here. (A) Total Registration Fees \$ _____

Pre-conference Workshops • Tuesday, June 1, 1:30-4:30 P.M.

Pre-registration is mandatory for Pre-conference Workshops. You may only choose one workshop to attend. (Not available to spouse/partner)

- A Primer to Conducting Research in College Health \$ 50.00
- Brief Interventions During Busy Student Health Visits: \$ 50.00
- Applying Motivational Interviewing Skills and Strategies
- Campus Safety: Reshaping the Role of College Health \$ 50.00
- Maximizing Your Leadership Potential: \$ 50.00
- Going from Theory to Practice
- Primary and Advanced Wound Closure \$ 50.00
(maximum 30 participants)

For more details visit www.acha.org/AnnualMeeting10 (B) Pre-conference Workshop Fee \$ _____ or see page 10 in the Preliminary Program.

Ticketed Options

All special function tickets must be paid in full at the time of registration and are nonrefundable.

Pre-registration 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 # of Tickets _____ x \$65 per ticket \$ _____
(Thurs., June 3, 7:00 PM-9:00 PM) (_____ number of vegetarian meals required)

One-day Lunch Voucher: # of Vouchers _____ x \$15 per voucher .. Wed \$ _____
Includes a sandwich or salad, soda or water, # of Vouchers _____ x \$15 per voucher .. Thurs \$ _____
and a chip, cookie, or fruit. You will receive # of Vouchers _____ x \$15 per voucher .. Fri \$ _____
your voucher(s) with your badge materials.

(C) Total Ticket/Voucher Purchase \$ _____

Student Scholarship Fund Contribution

Scholarship recipients receive a complimentary registration for the 2010 ACHA Annual Meeting. For details visit www.acha.org/AnnualMeeting10.

(D) Enter Contribution Amount \$ _____

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

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

Card Number _____ Expiration Date _____ 3-digit verification code from back of card _____

Name _____ Signature _____

Register online for faster more secure transactions.

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

Meeting Registration Form (page 2)

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Registration Fees * Register by April 9 to receive the early bird discount *

IMPORTANT: Your 2010 membership dues must be paid PRIOR to April 30, 2010, to register at the member rate.

Full Meeting (Tuesday through Saturday) *(Includes all nonticketed events on Tues., June 1 through Sat., June 5)*

	Postmarked ON or BEFORE April 9, 2010	Postmarked AFTER April 9, 2010
MEMBER RATES		
Regular Member ¹	<input type="checkbox"/> \$445	<input type="checkbox"/> \$540
Student Member ^{2,3}	<input type="checkbox"/> \$155	<input type="checkbox"/> \$175
Emeritus Member	<input type="checkbox"/> \$155	<input type="checkbox"/> \$175
NONMEMBER RATES		
Regular Nonmember	<input type="checkbox"/> \$700	<input type="checkbox"/> \$805
Student Nonmember ^{2,3}	<input type="checkbox"/> \$185	<input type="checkbox"/> \$210
Spouse/Domestic Partner ^{3*}	<input type="checkbox"/> \$130	<input type="checkbox"/> \$155

*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 9, 2010	Postmarked AFTER April 9, 2010
MEMBER RATES		
Regular Member ¹	<input type="checkbox"/> \$235	<input type="checkbox"/> \$290
Student Member ^{2,3}	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$115
Emeritus Member	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$115
NONMEMBER RATES		
Regular Nonmember	<input type="checkbox"/> \$355	<input type="checkbox"/> \$410
Student Nonmember ^{2,3}	<input type="checkbox"/> \$115	<input type="checkbox"/> \$140
Spouse/Domestic Partner ^{3*}	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$110

*Name of regular attendee that spouse/partner is accompanying

¹ Regular Member = ACHA Regular or Associate Individual Member.

² The student rate is open to individuals who are 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 student status (enrollment verification or current student schedule) 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.

(A) Total Registration Fees (enter this amount in box A on page 1) \$