

ACHA 2022 Annual Meeting Multiple Registrant Form

May 31 – June 4, 2022 • San Diego, CA • Registration questions: (864) 208-2659

Please provide this form to your accounting department as well as the Meeting Registration Form completed for each person if one check covers more than one registrant. Duplicate this form if more space is needed.

CONFIRMATION/CANCELLATION POLICY

Once you submit your registration with payment, you will receive an email confirmation. If you have NOT received email confirmation, please call (864) 208-2659 to verify that your registration has been received.

All cancellation requests must be received in writing before May 16, 2022, to qualify for a full refund, minus a \$40.00 cancellation fee. No refunds will be issued for cancellations received after May 16, 2022. Refund checks will be mailed on or about June 29, 2022. *Submit cancellations via fax to 330-425-4983 or email to acha@martiz.com*

VOLUME DISCOUNTS

Volume discounts are offered to ACHA Institutional Members only.

A 15% discount is available for groups of 4 or more full conference registrations for employees or students from an ACHA member institution. The discount does not apply to pre-conference workshops. Registrations must be processed together within one transaction. If you have questions regarding volume discount registration, please contact Membership at 443-270-4553 or membership@acha.org.

REGISTRANT INFORMATION

Name of Person Registered <i>(One registration form for <u>each</u> person must be attached.)</i>	Pre-Conference Workshop Fee	Student Travel Award Contribution	Registration Fees	Total Fee Covered by Enclosed Check
1.	\$	\$	\$	\$
2.	\$		\$	
3.	\$		\$	
4.	\$		\$	
5.	\$		\$	
6.	\$		\$	
7.	\$		\$	
8.	\$		\$	
9.	\$		\$	
10.	\$		\$	

TOTAL ENCLOSED/PAYMENT OPTIONS

TOTAL REGISTRATION FEES AMOUNT <i>(Do not include pre-conference workshops or contributions)</i>	A. \$
Are you registering four (4) or more people and are current institutional members? If so, you qualify for the multiple registration discount. Calculate 15% of the total amount of registration fees above (Box "A") REGISTRATION FEES AMOUNT x .15	B. -\$
Total amount for Pre-Conference Workshops Fees	C. + \$
Total amount for Student Travel Award Contributions	D. + \$
Box "A" – "Box "B" + Box "C" + Box "D" = TOTAL AMOUNT ENCLOSED	E. \$

Full payment (in U.S. funds) by check or EFT/wire must accompany registration. **No purchase orders will be accepted.** All registration fees must be paid in full prior to the start of the meeting. NOTE: If your organization will be submitting payment for more than one registrant, please furnish your accounting department with this application as well as the Meeting Registration Form completed for each person.

Check payable to ACHA is enclosed (purchase orders not accepted) postmarked by **May 20** to American College Health Association, P.O. Box 417996, Boston, MA 02241-7996.

Paying by Electronic Funds Transfer or wire