

ACHA 2019 Annual Meeting Multiple Registrant Form

May 28–June 1, 2018 • Denver, CO • Registration questions: (800) 310-7554

Please provide this form to your accounting department 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 (800) 310-7554 to verify that your registration has been received. If you have NOT received email confirmation, please call (800) 310-7554 to verify that your registration has been received.

All cancellation requests must be received in writing before April 30, 2019, to qualify for a full refund, minus a \$40.00 cancellation fee. Cancellation requests received after April 30 but before May 15, 2019, will qualify for a 50 percent refund. No refunds will be issued for cancellations received after May 15, 2019. Refund checks will be mailed on or about June 29, 2019. *Submit cancellations via fax to (301) 694-5124 or email to acha@experient-inc.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. 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	BALANCE DUE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL ENCLOSED/PAYMENT OPTIONS

TOTAL REGISTRATION AMOUNT	A. \$
Are you registering four (4) or more people? If so, calculate 15% of box "A" above (TOTAL x .15)	B. \$
Box "A" – "Box B" = TOTAL AMOUNT ENCLOSED	C. \$

Check # _____ payable to ACHA is enclosed.

Charge to: Visa MasterCard American Express

Card Number _____ Exp. Date _____ Billing Zip _____

Cardholder's Name _____ Signature _____

Institution Name _____

Contact Person _____ Title _____ Phone _____

Send this form and all registrations (with payment – amount listed in Box "C") at the same time.