

# 2017 AHCAP EDUCATIONAL CONFERENCE CONFERENCE REGISTRATION

(Photocopy this form for additional registrants)



ASSOCIATION for  
HEALTHCARE  
ADMINISTRATIVE  
PROFESSIONALS

Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

This is my first AHCAP Conference  Yes  No I am a new member (*joined since July 2016*)  Yes  No

## SPECIAL SERVICES

Please check here if you require special accommodations or dietary needs to fully participate.

Needs are: \_\_\_\_\_

## ATTENDEE REGISTRATION FEES

The conference registration fee includes the cost for attendance at all general and concurrent sessions, social functions and planned meals. The optional events below are offered at an additional cost. The non-member full registration fee also includes a one year AHCAP membership for those who qualify.

### FULL CONFERENCE REGISTRATION

*Early Registration (by June 22)*

*Regular Registration (after June 23)*

<input type="checkbox"/>	Full Conference Registration (AHCAP Member)	\$580	\$680
<input type="checkbox"/>	Full Conference Registration (Non Member)	\$775	\$875

### OPTIONAL EVENTS

Monday, July 24

<input type="checkbox"/>	Pre-Conference Workshop - Microsoft Office 2013	\$95
<input type="checkbox"/>	Pre-Conference Workshop: (Non-Member) - Microsoft Office 2013	\$125

**ATTENDEE REGISTRATION FEES *Continued***

TUESDAY, JULY 25  
CONCURRENT SESSIONS | 11:15 a.m. – 12:15 p.m.

<input type="checkbox"/>	1 Microsoft One Note
<input type="checkbox"/>	2 The Power of Your Communication

CONCURRENT SESSIONS | 2:00 p.m. – 3:00 p.m.

<input type="checkbox"/>	1 Microsoft One Note
<input type="checkbox"/>	2 The Power of Your Communication

WEDNESDAY, JULY 26  
CONCURRENT SESSIONS | 10:30 a.m. – 11:30 a.m.

<input type="checkbox"/>	1 How to Work with Porcupines
<input type="checkbox"/>	2 Project Management

CONCURRENT SESSIONS | 1:00 p.m. – 2:00 p.m.

<input type="checkbox"/>	1 How to Work with Porcupines
<input type="checkbox"/>	2 Project Management

TOTAL ATTENDEE REGISTRATION FEES \$ \_\_\_\_\_

**GUEST REGISTRATION FEES**

Individual tickets are available for planned meals and social functions. Please indicate the guest tickets desired and the full name of your guest(s). Include the additional fee in your remittance.

Name of Guest(s): \_\_\_\_\_

No.		TOTAL
_____	Guest Package (all meals/social events)	\$280
_____	Tuesday – Opening Breakfast and New Member Recognition	\$40
_____	Tuesday – Annual Meeting Luncheon	\$50
_____	Tuesday – Member Appreciation Celebration Dinner	\$100
_____	Wednesday – Breakfast	\$40
_____	Wednesday – Lunch	\$50

TOTAL GUEST REGISTRATION FEES \$ \_\_\_\_\_

# SUMMARY OF PAYMENT

All fees must be paid in advance and accompany the registration form. An electronic confirmation will be sent to you once your payment has been processed.

ATTENDEE REGISTRATION FEES \$ \_\_\_\_\_

GUEST REGISTRATION FEES \$ \_\_\_\_\_

TOTAL CONFERENCE FEES DUE TO AHCAP \$ \_\_\_\_\_

Check payable to AHCAP enclosed

To pay by credit card, please register online at [ahcap.org/2017](http://ahcap.org/2017)

## HOW DID YOU HEAR ABOUT AHCAP?

- Friend/colleague
- Supervisor
- Social Media (FB or LI)
- Internet search
- Mailing
- Other

If you received a promotional mailing, enter the code here: \_\_\_\_\_

## CANCELLATION POLICY

Written notice of cancellation must be received at AHCAP Headquarters no later than July 10, 2017 in order to receive a refund, less a \$75 processing fee. There will be no refunds for "No shows" or cancellations received after this date. All refunds will be processed after conference.

## PHOTOGRAPHY

AHCAP reserves the right to use all photographs that are taken during the conference for publication and promotion of future AHCAP events.

## EMERGENCY CONTACT

Please provide the following information in case of an emergency.

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

## HOW TO REGISTER

Complete all information and mail form to:  
Association for Healthcare Administrative Professionals  
326 East Main Street  
Louisville, KY 40202 USA

## QUESTIONS?

Phone: (888) 320-0808 or (502) 574-9040



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