



CONFERENCE REGISTRATION

(Please use separate forms for each attendee.)

Name _____ Badge Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

This is my first AHCAP Conference Yes No I am a new member (*joined since September 2019*) Yes No

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

Needs are: _____

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.

	<i>Early Registration (by June 30)</i>	<i>Regular Registration (after July 1)</i>
<input type="checkbox"/> Full Conference Registration (AHCAP Member)	\$599	\$699
<input type="checkbox"/> Full Conference Registration (Non-Member)	\$799	\$899

OPTIONAL EVENTS

Wednesday, August 5

<input type="checkbox"/> Pre-Conference Workshop - Microsoft Session - no cost but registration required	-
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Thursday, August 6

<input type="checkbox"/> Optional Event - A Night at the Ballpark	\$45
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TOTAL ATTENDEE REGISTRATION FEES \$ _____

GUEST REGISTRATION FEES

The guest package includes the cost of attendance at all on-site meals or individual tickets may be purchased on an à la carte basis. Optional events are not included in the guest package.

Name of Guest(s): _____

QTY		TOTAL
	Guest Package (all on-site meals only)	\$255
	Wednesday – Kickoff Lunch	\$50
	Wednesday – Dinner Party (+1 drink ticket)*	\$75
	Wednesday – Dinner Party (no drink ticket)*	\$50
	Thursday – Breakfast	\$40
	Thursday – Lunch	\$50
	Friday – Breakfast	\$40
	Optional Event - A Night at the Ballpark	\$45

*Choose one

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 FEES DUE TO AHCAP \$ _____

Check payable to AHCAP enclosed

To pay by credit card, please register online at ahcap.org/2020

HOW DID YOU HEAR ABOUT AHCAP?

- | | |
|---|--|
| <input type="checkbox"/> Friend/colleague | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other |

CANCELLATION POLICY

Written notice of cancellation must be received at AHCAP Headquarters no later than July 24, 2020 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 the conference.

PHOTOGRAPHY

AHCAP reserves the right to use all photographs 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 and payment to:
Association for Healthcare Administrative Professionals
326 East Main Street
Louisville, KY 40202

QUESTIONS?

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