

# ACHA 2017 Annual Meeting Multiple Registrant Form

May 30–June 3, 2017 • Austin, TX • 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

### Pre-Registration Confirmation

*Pre-registration closes on May 8, 2017.* Confirmation will be emailed to all pre-registered attendees within 24 hours of receipt of your registration. *To pre-register for the meeting, you must do one of the following by May 8, 2017:*

- Your online registration must be completed: [www.acha.org/AnnualMeeting17](http://www.acha.org/AnnualMeeting17), or
- Your paper registration form and check (purchase orders not accepted) must be postmarked and mailed to: American College Health Association, P.O. Box 417996, Boston, MA 02241-7996 (note new mailing address), or
- Your fax, including credit card information, must be sent to (301) 694-5124

*After May 8, 2017, you must bring this form and full payment with you to the meeting. Registration questions: (800) 310-7554*

If you have NOT received email confirmation, please call (800) 310-7554 to verify that your registration has been received. ACHA cannot guarantee that registrations submitted after May 8, 2017, will be processed prior to the meeting. If you have not received confirmation, you may not be registered. In this case, you will need to register and pay on-site. Your original payment will be refunded after the meeting.

### Cancellations

All cancellation requests must be received in writing before April 28, 2017, to qualify for a full refund, minus a \$40.00 cancellation fee. Cancellation requests received after April 28 but before May 15, 2017, will qualify for a 50 percent refund. No refunds will be issued for cancellations received after May 15, 2017. Refund checks will be mailed on or about June 30, 2017. Submit cancellations via fax to (301) 694-5124 or email to [acha@experient-inc.com](mailto:acha@experient-inc.com).

## VOLUME DISCOUNTS

### Volume discounts are offered to ACHA Institutional Members only.

For every three *regular member or nonmember* full conference registrations, member institutions will receive one additional *regular member* full conference registration at half price or one free *student* registration. Proof of student status (unofficial transcript or enrollment verification of status) is required at time of registration.

For every six *regular member or nonmember* full conference registrations, member institutions will receive one additional free *regular member* full conference registration or two free *student* registrations. Proof of student status (unofficial transcript or enrollment verification of status) is required at time of registration.

To register for the volume discount, complete the multiple registrant form below as well as a separate registration form for each attendee. Please submit all together along with proof of student status and payment to the address on the registration form. If you have questions, contact [acha@experient-inc.com](mailto:acha@experient-inc.com) or (800) 310-7554.

## REGISTRANT INFORMATION

Name of Person Registered <i>(One registration form for <u>each</u> person must be attached.)</i>	Pre-Conference Workshop Fee	Special Function Tickets/Vouchers	Student Travel Award Contribution	Registration Fees	Total Fee Covered by Enclosed Check	BALANCE DUE

## TOTAL ENCLOSED/PAYMENT OPTIONS

**TOTAL AMOUNT ENCLOSED** \$

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) at the same time.**

Complete online registration at [www.acha.org/AnnualMeeting17](http://www.acha.org/AnnualMeeting17) or  
 Fax paper registration form with credit card information to (301) 694-5124 or  
 Mail paper registration form and check to American College Health Association, P.O. Box 417996, Boston, MA 02241-7996