

# ACHA 2019 Annual Meeting Multiple Registrant Form

May 28–June 1, 2019 • 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](mailto: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. 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](mailto: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

<b>TOTAL REGISTRATION AMOUNT</b>	A. \$
<b>Are you registering four (4) or more people? If so, calculate 15% of the total amount of registration fees above (do not include pre-conference workshops or contributions) REGISTRATION FEE TOTAL x .15</b>	B. \$
<b>Box "A" – "Box B" = TOTAL AMOUNT ENCLOSED</b>	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.**

Complete online registration at [www.acha.org/AnnualMeeting19](http://www.acha.org/AnnualMeeting19) or  
 Fax paper registration form with credit card information to (301) 694-5124 **by May 15, 2019** or  
 Mail paper registration form and check (**postmark by May 15**) to American College Health Association, P.O. Box 417996, Boston, MA 02241-7996