**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.**

### 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.

### REGISTRANT INFORMATION

<table>
<thead>
<tr>
<th>Name of Person Registered (One registration form for each person must be attached.)</th>
<th>Pre-Conference Workshop Fee</th>
<th>Student Travel Award Contribution</th>
<th>Registration Fees</th>
<th>Total Fee Covered by Enclosed Check</th>
<th>BALANCE DUE</th>
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### TOTAL ENCLOSED/PAYMENT OPTIONS

**TOTAL REGISTRATION AMOUNT**

- **A.** $  
- **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.

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