REGISTRATION FORM

Complete the registration form.

- Act now! Registrations are accepted in the order received.
- Payment is required at time of enrollment. To register by phone, call (312) 424-9400; by fax, (312) 424-9405; or register online at **ache.org**. ACHE's general telephone number is (312) 424-2800.

Please mail registration form with payment to:
Foundation of the American College of Healthcare Executives 3376 Eagle Way, Chicago, IL 60678-1033

Name:_____

Nickname (for name badge):_____ID Number:_____

Title:_____Organization:_____

Address:_____

City/State/ZIP:_____

Phone: _____Fax:_____ Email: _____

Please enroll me in: *(select one or two seminars, or see registration below for Process and Technique of Negotiating)*

Seminar Title #1:_____

City: _____

Dates:_____

2015 Registration fee for seminars (check one)

☐ ACHE member $1,425
☐ Nonmember $1,625
☐ Membership application attached $1,425
☐ Board member or staff leader attending with ACHE member $1,425

Seminar Title #2:_____
(If applicable)

City: _____

Dates:_____

2015 Registration fee for seminars (check one)

☐ ACHE member $1,425
☐ Nonmember $1,625
☐ Membership application attached $1,425
☐ Board member or staff leader attending with ACHE member $1,425

2015 Registration fee for Process and Technique of Negotiating (check one)

☐ ACHE member $1,845
☐ Nonmember $2,045
☐ Membership application attached $1,845
☐ Board member or staff leader attending with ACHE member $1,845

Tuition includes all seminar materials, continental breakfasts and working lunches. To cancel or transfer to another seminar, please notify us in writing no later than two weeks prior for full credit or refund, less a $100 nonrefundable processing fee per seminar. After this time, all fees are forfeited; however, you may send a substitute if you cannot attend.

Method of Payment

Payable in U.S. dollars or equivalent Canadian currency.
Purchase orders are accepted from the Department of Veterans Affairs/uniformed services only.

☐ Check enclosed (payable to *Foundation of the American College of Healthcare Executives*)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Amount Charged (Total for all seminars): $_____

Account number Expiration date Cardholder's signature

☐ I am associated with the Department of Veterans Affairs/uniformed services and will pay on-site

By registering, you agree to permit audio, video and photographic recording of your participation in ACHE programming, and you authorize ACHE to use any audio, video and photographic recordings of you at the event(s) in any format and for any lawful purpose, including such purposes as editorial, publicity, illustration, advertising and Web content. You hereby waive your right to inspect and/or approve any finished product.