

**PROGRAM 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; register online at **ache.org**; or fax to (312) 424-0023. 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:**

Event Title #1 (If applicable): _____  City: _____  Dates: _____	<b>Registration fee for seminars (check one)</b> <input type="checkbox"/> ACHE member \$ _____ <input type="checkbox"/> Nonmember \$ _____ <input type="checkbox"/> Membership application attached \$ _____ <input type="checkbox"/> Board member or staff leader attending with ACHE member \$ _____
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Event Title #2 (If applicable): _____  City: _____  Dates: _____	<b>Registration fee for seminars (check one)</b> <input type="checkbox"/> ACHE member \$ _____ <input type="checkbox"/> Nonmember \$ _____ <input type="checkbox"/> Membership application attached \$ _____ <input type="checkbox"/> Board member or staff leader attending with ACHE member \$ _____
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Event Title #3 (If applicable): _____  City: _____  Dates: _____	<b>Registration fee for seminars (check one)</b> <input type="checkbox"/> ACHE member \$ _____ <input type="checkbox"/> Nonmember \$ _____ <input type="checkbox"/> Membership application attached \$ _____ <input type="checkbox"/> Board member or staff leader attending with ACHE member \$ _____
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*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 \$300 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*)

*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.*