

AHP MEMBER REGISTRATION



The Association for Healthcare Philanthropy (AHP), in collaboration with The Governance Institute, invites you to attend the 2010 Leadership Conference at The Ritz-Carlton, Naples in Naples, Florida on January 10–13, 2010. This conference will have several specialized sessions focusing on philanthropy and the board's role. Use this conference as an opportunity to connect with your board of directors, your foundation board, and healthcare trustees from across the country.

For registration information, call toll free (877) 712-8778. Tuition includes all conference materials, general and concurrent sessions, continental breakfast, a lunch, and a reception. We offer **three** easy ways to enroll: **(1) FAX** to (858) 646-3450; **(2) ONLINE** at GovernanceInstitute.com/ahp; **(3) MAIL** to The Governance Institute, 6333 Greenwich Drive, Suite 200, San Diego, CA 92122.

TUITION FEES FOR JANUARY 10–13, 2010 LEADERSHIP CONFERENCE

Association for Healthcare Philanthropy Members

of persons _____ x \$1,450 = \$ _____

Total Number of Attendees # _____

Total Amount Enclosed \$ _____

Method of Payment: Please Print

- Check enclosed (Payable to *The Governance Institute*)
 VISA
 MASTERCARD

Credit Card Number _____

Card Holder's Name _____

Expiration Date _____

Signature _____



ORGANIZATION INFORMATION: *Please print.*

Organization Name _____ Name of CEO _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Contact Title _____

Contact Phone _____ Contact E-mail _____

NAMES AND TITLES OF THOSE ATTENDING THE CONFERENCE: *Please photocopy & fax any additional names. Please print.*

1. First Name _____ Last Name _____ Suffix _____ Title _____ Special Needs

First Name *(as it should appear on name badge)* _____ Companion's Name *(as it should appear on name badge)* _____

2. First Name _____ Last Name _____ Suffix _____ Title _____ Special Needs

First Name *(as it should appear on name badge)* _____ Companion's Name *(as it should appear on name badge)* _____

3. First Name _____ Last Name _____ Suffix _____ Title _____ Special Needs

First Name *(as it should appear on name badge)* _____ Companion's Name *(as it should appear on name badge)* _____

4. First Name _____ Last Name _____ Suffix _____ Title _____ Special Needs

First Name *(as it should appear on name badge)* _____ Companion's Name *(as it should appear on name badge)* _____

CANCELLATIONS

The tuition, less a \$250 administration fee per attendee, will be refunded if the cancellation is received in writing (via mail, e-mail, or fax) 30 days or more prior to the beginning of the conference. For cancellations received less than 30 days prior to the conference, the tuition, less the administration fee, will be applied toward a future conference within one year. No-shows (cancellations within 72 hours of the conference) cannot be refunded or transferred to another conference.