

October 17–20, 2018
Manchester Grand Hyatt
San Diego, CA



EXHIBITOR REGISTRATION

Application must be filled out in its entirety to be accepted, and be received by October 2, 2018.

Fax: 703-532-7170

E-mail: meetings@ahp.org

COMPANY INFORMATION

Organization

Booth Number

BOOTH REPRESENTATIVE

Complimentary Booth Representative #1

Name

Name on badge

Title

Email

Complimentary Booth Representative #2

Name

Name on badge

Title

Email

Additional Paid Booth Representative #3

Name

Name on badge

Title

Email

Paid Registrant Fees

Full Conference Pass - \$375

One Day Pass - \$125 (10/17, 10/18, 10/19)

Please Circle Date

Additional Paid Booth Representative #4

Name

Name on badge

Title

Email

Paid Registrant Fees

Full Conference Pass - \$375

One Day Pass - \$125 (10/17, 10/18, 10/19)

Please Circle Date

PAYMENT METHOD

My Check is attached, made payable to the Association for Healthcare Philanthropy. **(All checks should be made out to AHP in US Dollars).**

Please Charge my: VISA MASTERCARD AMEX
(All credit cards are processed in the US and will be processed in US dollars). Fax to (703)532-7170.

Total amount due: \$

Name (as it appears on card)

Card number

Expiration date

CVC security code

Signature

Registration Policies*

Registration forms will not be processed without payment. All credit card payments will be processed in US funds. All cancellation requests must be submitted to meetings@ahp.org by September 7, 2018. If registration is canceled in writing by **September 7, 2018**, the registration fee less a \$75 cancellation fee will be processed. After September 7, 2018, no refunds will be made.

For your convenience, payment for conference registration, exhibitor, sponsorship payments may be made to AHP by mail, phone, fax, or through AHP's website. Please note that AHP cannot control the handling of payment information sent to AHP by way of mail or email. AHP will not be responsible for any damages or loss incurred by you if you choose to send payment information (including, without limitation, credit card information) to AHP by way of mail or email. You therefore accept sole responsibility for any damage or loss resulting from your use of such communication methods. Please review our Privacy Policy found at ahp.org/privacy for a summary of our practices related to the collection and use of personal information.

