OCTOBER 17–20, 2018 MANCHESTER GRAND HYATT SAN DIEGO, CA





REGISTER TODAY! www.ahp.org/international

Application must be filled out in its entirety to be accepted. Mail: Association for Healthcare Philanthropy 2511 Jefferson Davis Hwy, Suite 810 Arlington, VA 22202

Fax: 703-532-7170 E-mail: meetings@ahp.org

ATTENDEE INFORMATION

Name			
Name on badge			
Title			
Organization			
Address			
City	State/Province	Postal Code	
Phone			
Mobile Phone			
Fax			
Email*			
*Email addresses are required for registration, but not published or distributed.			

OPT OUT OF 3rd PARTY EMAILS



REGISTRATION NOTES

Please check here if:

- You require special assistance or have special dietary needs. Please email information to meetings@ahp.org.
- □ You are a first-time attendee to this conference or a new member of AHP.
- □ You are a hospital executive attending with an AHP member and qualify for the executive discount. Please list the name of the member with whom you will be attending:

How did you hear about this event?

- Mail Email Colleague Website
- Social networking site
- Other/Source Code_____

Are you familiar with AHPs Professional Pathway Program? Yes No

If yes, which Professional Pathway level best represents you?
Baseline
Specialist
Executive

- Unsure/Need help determining Pathway level
- □ I would like information about AHP Member Benefits.

Photography Release

By registering, I grant to AHP, its representatives and employees the right to take photographs and/or videos of me and my property to copyright, use and publish in print and/or electronically. I agree that AHP may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, email, social media, web content.

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HOTEL INFORMATION

Manchester Grand Hyatt San Diego 1 Market Place San Diego, CA 92101 (619) 232 -1234 www.ahp.org/international/hotel

REGISTRATION FEES

REGISTRAT				
	Early Registration postmarked by 7/9/18	Advanced Registration postmarked by 8/20/18	Regular Registration postmarked by 10/2/18	
Registration Fe	es for Developn	nent Professior	als	
Registration				
AHP member	🗆 \$670	🗆 \$770	🗆 \$870	
Non-member	🗖 \$1,045	🗆 \$1,145	🗆 \$1,215	
Single Day:	Thurs.,10/18	🗆 Fri., 10/19	🗆 Sat., 10/20	
AHP member	□ \$420	□ \$470	□ \$520	
Non-member	🗆 \$670	□ \$720	🗆 \$770	
Pre-Conference	e Workshops—W	ednesday, Oct	ober 17, 2018	
Development P	rimer Workshop	D		
AHP member	🗆 \$395	□ \$445	🗆 \$545	
Non-member	🗆 \$595	🗆 \$645	🗆 \$745	
Advanced Course Workshop				
AHP member	🗆 \$395	□ \$445	🗆 \$545	
Non-member	🗆 \$595	🗆 \$645	🗆 \$745	
CDO Forum Workshop				
AHP member	🗆 \$395	L \$395	🗆 \$395	
Non-member	🗆 \$595	🗆 \$595	🗆 \$595	
Sharp Healthcare On-Site Visit				
AHP member	🗆 \$195	🗆 \$195	🗆 \$195	
Non-member	🗆 \$395	🗆 \$395	🗆 \$395	
Health System Development Forum				
AHP member	🗆 Free	🗆 Free	🗆 Free	
Non-member	🗆 Free	🗆 Free	🗆 Free	

Registration Fees for Industry Partner/Consultant				
Registration				
AHP member	🗆 \$1,065	🗆 \$1,165	🗆 \$1,265	
Non-member	🗆 \$1,515	🗆 \$1,615	🗆 \$1,715	

*The prices above are for consultants and vendors attending the conference, but not exhibiting. See <u>ahp.org/terms</u> for full explanation of policy.



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*

Thank you for your interest in attending the 2018 AHP Annual International Conference. If you have any questions about the registration process or options, please contact AHP at 703-532-6243 or via email at meetings@ahp.org. The most up-to-date conference information is online at ahp.org/international.

HAVE QUESTIONS? EMAIL AHP'S MEETINGS DEPARTMENT WITH ALL INQUIRIES AT MEETINGS@AHP.ORG

* To see a full explanation of AHP's registration policies, visit ahp.org/terms

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.