



# CONVENE AHP

A VIRTUAL HEALTHCARE PHILANTHROPY EVENT

Fast-track your professional development with the Convvene AHP virtual conference, featuring a curated collection of brand-new education sessions from across the United States and Canada.

## Association for Healthcare Philanthropy

📍 2550 South Clark Street, Suite 810

Arlington, VA 22202

✉ meetings@ahp.org

☎ (703) 532-6243

## ATTENDEE INFORMATION

\_\_\_\_\_ Full Name

\_\_\_\_\_ Office Phone Number

\_\_\_\_\_ Title

\_\_\_\_\_ Cell Phone Number

\_\_\_\_\_ Organization

\_\_\_\_\_ Email

\_\_\_\_\_ Organization Street Address

I require special assistance

\_\_\_\_\_ City State Zip Code

I'd like to learn more about how to get involved with AHP

FORM CONTINUES ON BACK>





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## REGISTRATION FEE

- AHP Member: \$495 USD
- Non-member: \$695 USD

## PAYMENT INFORMATION

- 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 **US dollars**)



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Arlington, VA 22202

☎ (P): 703-532-6243  
(F): 703-532-7170

- ✉ Membership inquiries: [membership@ahp.org](mailto:membership@ahp.org)  
Conference inquiries: [meetings@ahp.org](mailto:meetings@ahp.org)  
Media inquiries: [communications@ahp.org](mailto:communications@ahp.org)

For a full explanation of AHP's registration policies, visit [ahp.org/terms](http://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](mailto:meetings@ahp.org) by **June 7, 2020**.

For your convenience, payment for conference registration or 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](http://ahp.org/privacy) for a summary of our practices related to the collection and use of personal information.

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Total Amount Due

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Name (as it appears on card)

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Card Number

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Signature

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Email a Copy of the Confirmation to: