

# GROUP REGISTRATION FORM



May 26 & 27, 2021 | Virtual

## GROUP REGISTRATION POLICIES

AHP will offer a 10% discount towards the registration fee for each person in the group. You must have three or more fully-paid registrations to qualify for the discounted group rate.

The Point of Contact (POC) is responsible for all registrations and will be the primary contact throughout the registration process. The POC does not need to be one of the registrants for the event; however, all communications throughout the process will be sent to the POC's email. Once the registration is complete, the event-related emails will be sent directly to registrants' email address.

## POC INFORMATION

FULL NAME

ZIP CODE

NICKNAME (OPTIONAL)

PHONE

TITLE

EMAIL

ORGANIZATION NAME

## GROUP REGISTRATION FEE

Prices in CAD. Listed prices reflect 10% discount.

ORGANIZATION STREET ADDRESS

CITY

PROVINCE/TERRITORY

	Early Registration (Postmarked by 4/16/21)	Regular Registration (Postmarked before/on 5/21/21)
AHP Member:	<del>\$129</del> \$116	<del>\$169</del> \$152
Non- member:	<del>\$199</del> \$179	<del>\$249</del> \$224

## PAYMENT INFORMATION

- My cheque is enclosed, made payable to the Association for Healthcare Philanthropy (in CAD).
- Please charge my credit card.

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### NAME AS IT APPEARS ON CARD

- VISA       Mastercard       AMEX

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### CARD NUMBER

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EXP. DATE      CVC      BILLING ZIP CODE

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### SIGNATURE

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### DATE SIGNED

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### EMAIL A COPY OF THE CONFIRMATION TO...

### Registrant 1

- AHP Member       Non-member

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### FULL NAME

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### TITLE

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### PHONE

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### EMAIL

To see 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 CAD. All cancellation requests must be submitted to [meetings@ahp.org](mailto:meetings@ahp.org) by May 21, 2021. If the registration is cancelled in writing by this date, the registration fee less \$50 cancellation fee will be processed. After May 21, 2021 no refunds will be made for cancellations.

For your convenience, payment for conference registration, exhibitor, sponsorship payments may be made to AHP by mail, phone, fax, or through AHP's website. 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.

If you have any questions, don't hesitate to reach out to our meetings department at [meetings@ahp.org](mailto:meetings@ahp.org) or call 703-532-6243.



**Association for Healthcare Philanthropy**  
2550 South Clark Street, Suite 810  
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)

## Registrant 2

AHP Member  Non-member

FULL NAME

TITLE

PHONE

EMAIL

## Registrant 3

AHP Member  Non-member

FULL NAME

TITLE

PHONE

EMAIL

## Registrant 4

AHP Member  Non-member

FULL NAME

TITLE

PHONE

EMAIL

## Registrant 5

AHP Member  Non-member

FULL NAME

TITLE

PHONE

EMAIL

## Registrant 6

AHP Member  Non-member

FULL NAME

TITLE

PHONE

EMAIL

## Registrant 7

AHP Member  Non-member

FULL NAME

TITLE

PHONE

EMAIL

### Registrant 8

AHP Member     Non-member

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**FULL NAME**

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**TITLE**

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**PHONE**

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**EMAIL**

### Registrant 9

AHP Member     Non-member

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**FULL NAME**

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**TITLE**

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**PHONE**

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**EMAIL**

### Registrant 10

AHP Member     Non-member

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**FULL NAME**

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**TITLE**

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**PHONE**

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**EMAIL**

### Registrant 11

AHP Member     Non-member

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**FULL NAME**

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**TITLE**

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**PHONE**

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**EMAIL**

### Registrant 12

AHP Member     Non-member

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**FULL NAME**

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**TITLE**

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**PHONE**

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**EMAIL**

### Registrant 13

AHP Member     Non-member

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**FULL NAME**

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**TITLE**

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**PHONE**

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**EMAIL**