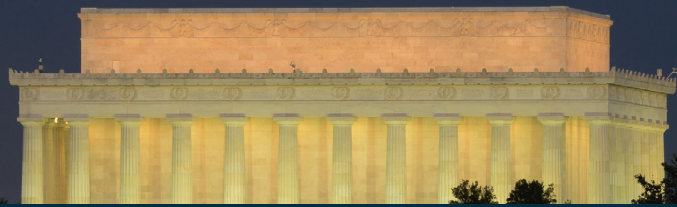


OCTOBER 23-26, 2019
WASHINGTON MARRIOTT WARDMAN PARK
WASHINGTON, DC



REGISTRATION

REGISTER TODAY!

www.ahp.org/international

Application must be filled out in its entirety to be accepted.

Mail:
Association for Healthcare Philanthropy
2550 South Clark Street, 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.

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 new member of AHP.

How did you hear about this event?

- Mail Email Colleague Website
- Social networking site
- Other/Source Code _____

Are you familiar with AHP's 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.



OCTOBER 23-26, 2019
 WASHINGTON MARRIOTT WARDMAN PARK
 WASHINGTON, DC



HOTEL INFORMATION

Washington Marriott Wardman Park
 2660 Woodley Rd NW
 Washington, DC 20008
 (202) 328 -2000

REGISTRATION FEES

	Early Registration postmarked by 7/9/19	Advanced Registration postmarked by 8/20/19	Regular Registration postmarked by 10/4/19
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Conference Fees for Development Professionals

Full Conference Registration

AHP Member	<input type="checkbox"/> \$699 USD	<input type="checkbox"/> \$799 USD	<input type="checkbox"/> \$899 USD
Non-member	<input type="checkbox"/> \$1,099 USD	<input type="checkbox"/> \$1,199 USD	<input type="checkbox"/> \$1,299 USD

Single Day Registration

AHP Member	<input type="checkbox"/> \$400 USD	<input type="checkbox"/> \$500 USD	<input type="checkbox"/> \$550 USD
Non-member	<input type="checkbox"/> \$700 USD	<input type="checkbox"/> \$750 USD	<input type="checkbox"/> \$800 USD

Add-on Workshops

Health System Development Forum | Wed, 10/23

Free (2:00-4:30 PM)

Innovation Lab | Wed, 10/23

Free (2:00-4:30 PM)

Development Primer Workshop | Fri, 10/25 & Sat, 10/26

AHP Member	<input type="checkbox"/> \$395 USD	<input type="checkbox"/> \$445 USD	<input type="checkbox"/> \$545 USD
Non-member	<input type="checkbox"/> \$595 USD	<input type="checkbox"/> \$645 USD	<input type="checkbox"/> \$745 USD

Advanced Course Workshop | Fri, 10/25 & Sat, 10/26

AHP Member	<input type="checkbox"/> \$395 USD	<input type="checkbox"/> \$445 USD	<input type="checkbox"/> \$545 USD
Non-member	<input type="checkbox"/> \$595 USD	<input type="checkbox"/> \$645 USD	<input type="checkbox"/> \$745 USD

CDO Only Forum | Fri, 10/25

AHP Member	<input type="checkbox"/> \$395 USD	<input type="checkbox"/> \$395 USD	<input type="checkbox"/> \$395 USD
Non-member	<input type="checkbox"/> \$595 USD	<input type="checkbox"/> \$595 USD	<input type="checkbox"/> \$595 USD

Si Seymour Award Dinner | Thu, 10/24

\$150 USD \$150 USD \$150 USD

MedStar Georgetown Site Visit | Wed, 10/23

AHP Member	<input type="checkbox"/> \$195 USD	<input type="checkbox"/> \$195 USD	<input type="checkbox"/> \$195 USD
Non-member	<input type="checkbox"/> \$395 USD	<input type="checkbox"/> \$395 USD	<input type="checkbox"/> \$395 USD



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 2019 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 13, 2019. If registration is canceled in writing by September 13, 2019, the registration fee less a \$125 cancellation fee will be processed. After September 13, 2019, 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.