



October 21 & 22

The largest gathering of healthcare development professionals, the AHP International Conference is the catalyst for growing your network, connecting with peers and sharing new experiences.

Please fill out this form for one attendee only. If you would like to register as a group and take advantage of the 10% discount, please use the specific groups form.

ATTENDEE INFORMATION

FULL NAME

OFFICE PHONE

TITLE

CELL PHONE

ORGANIZATION NAME

EMAIL (REQUIRED)

ORGANIZATION STREET ADDRESS

I require special assistance.
(Please explain below.)

CITY

STATE

ZIP CODE

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

FORM CONTINUES>

AHP Association for
Healthcare
Philanthropy.

AHP.ORG
703-532-6243

REGISTRATION FEE

AHP Member Non-Member

\$595	\$895
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For 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.

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 for a summary of our practices related to the collection and use of personal information.

PAYMENT INFORMATION

My check is attached, made payable to the Association for Healthcare Philanthropy (in USD).

Please charge my credit card.

VISA Mastercard AMEX

NAME AS IT APPEARS ON CARD

CARD NUMBER

EXP. DATE CVC BILLING ZIP CODE

TOTAL AMOUNT DUE

SIGNATURE

DATE SIGNED



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