

REGISTRATION FORM



AHP VIRTUAL INSTITUTE

ATTENDEE INFORMATION

FULL NAME

ORGANIZATION NAME

NICKNAME (OPTIONAL)

ORGANIZATION STREET ADDRESS

TITLE

CITY

STATE/ PROVINCE

PHONE

ZIP CODE

EMAIL

REGISTRATION OPTIONS

- | | |
|--|---|
| <input type="checkbox"/> Track 1: Fundamentals of Resource Development (Full Track) | <input type="checkbox"/> Track 5: Advanced Skills for Major Gifts (Full Track) |
| <input type="checkbox"/> Track 2: Annual Giving (Full Track) | <input type="checkbox"/> Track 6: Planned Giving (Mini Track) |
| <input type="checkbox"/> Track 3: Elements of Major Gifts (Full Track) | <input type="checkbox"/> Track 7: Fundraising Management (Full Track) |
| <input type="checkbox"/> Track 4: Major Gift Initiatives & the Campaign (Mini Track) | <input type="checkbox"/> Track 8: Philanthropy Operations (Mini Track) |
| | <input type="checkbox"/> Track 9: Hospice Philanthropy (Mini Track) |
| | <input type="checkbox"/> Track 10: Philanthropy Communications & Marketing (Mini Track) |

REGISTRATION FEE

	Early Registration (Postmarked before 6/4/21)	Regular Registration (Postmarked after 6/4/21)
AHP Member	Full: \$995 Mini: \$495	Full: \$1,095 Mini: \$545
Non-member	Full: \$1,295 Mini: \$795	Full: \$1,395 Mini: \$895
Prime Member	Full: \$895 Mini: \$445	Full: \$995 Mini: \$495

PAYMENT INFORMATION

My check is enclosed, made payable to the Association for Healthcare Philanthropy.

Please charge my credit card.

NAME AS IT APPEARS ON CARD

Visa Mastercard AMEX

CARD NUMBER

EXP. DATE CVC BILLING ZIP CODE

SIGNATURE

DATE SIGNED

EMAIL A COPY OF THE CONFIRMATION TO...

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 USD. All cancellation requests must be submitted to meetings@ahp.org by **May 21, 2021**. If the registration is cancelled in writing by this date, the registration fee less **\$125** 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 for a summary of our practices related to the collection and use of personal information.

If you have any additional questions, don't hesitate to reach out to our meetings department at 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
Conference inquiries: meetings@ahp.org
Media inquiries: communications@ahp.org