## AHP Virtual INSTITUTE

AHP brings the best of the Madison Institute to you in 2020 through the AHP Virtual Institute, featuring in-depth best practice education in nine different topic areas.

## **GROUP REGISTRATION POLICIES**

- AHP will offer a 10% discount towards the registration fee for each person in the group. You must have 3 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 main contact throughout the registration process with AHP. All group registration related emails will be sent to the POC's email address.

POC INFORMATION		GROUP REGISTRATION FEE Listed prices reflect 10% discount		
		A	AHP Member	Non-Member
FULL NAME		Full Track	\$895	\$1,165
		Mini Track	\$445	\$715
TITLE				MATION ade payable to the
ORGANIZATION NAME		Association for Healthcare Philanthropy (in USD)  Please charge my:  VISA MASTERCARD AMEX		
ORGANIZATION STREET ADDRESS	5		ents are processed	
CITY STATE ZI	P CODE	NAME AS IT	APPEARS O	N CARD
OFFICE PHONE NUMBER		CARD NUM	BER	
CELL PHONE NUMBER		TOTAL AMOUNT DUE		
EMAIL		EXP. DATE	cvc	BILLING ZIP CODI
EODM CONTINUES ON BACK		SIGNATURE		



Registrant 1	REGISTRATION OPTIONS
☐ AHP Member ☐ Non-member	Participants are eligible to register for multiple tracks. Please check each option's schedule prior to registering to ensure there are no
FULL NAME	conflicting dates.
	Please refer to our website for descriptions of each option:
TITLE	www.ahp.org/virtual.
PREFERRED REGISTRATION OPTION	Full Tracks:
	Elements of Major Gifts
EMAIL	Fundraising Management
Registrant 2	Mini Tracks:
Registratit 2	Annual Giving
☐ AHP Member ☐ Non-member	Major Gift Initatives and the Campaign Advanced
	Skills for Major Gifts
FULL NAME	Philanthropy Operations
TITLE	Hospice Philanthropy
TITLE	Marketing/Communications
PREFERRED REGISTRATION OPTION	Development Primer
EMAIL	For a full explanation of AHP's registration policies, visit ahp.org/terms
Registrant 3	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
☐ AHP Member ☐ Non-member	For your convenience, payment for conference registration or sponsorship payments may be made to AHP by mail, phone, fax, or
FULL NAME	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
TITLE	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
PREFERRED REGISTRATION OPTION	of such communication methods.
EMAIL	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.



Registrant 4	Registrant 7		
☐ AHP Member ☐ Non-member	☐ AHP Member ☐ Non-member		
FULL NAME	FULL NAME		
TITLE	TITLE		
PREFERRED REGISTRATION OPTION	PREFERRED REGISTRATION OPTION		
EMAIL	EMAIL		
Registrant 5	Registrant 8		
☐ AHP Member ☐ Non-member	☐ AHP Member ☐ Non-member		
FULL NAME	FULL NAME		
TITLE	TITLE		
PREFERRED REGISTRATION OPTION	PREFERRED REGISTRATION OPTION		
EMAIL	EMAIL		
Registrant 6	Registrant 9		
☐ AHP Member ☐ Non-member	☐ AHP Member ☐ Non-member		
FULL NAME	FULL NAME		
TITLE	TITLE		
PREFERRED REGISTRATION OPTION	PREFERRED REGISTRATION OPTION		
EMAIL	EMAIL		