

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.

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
Full Track	\$995	\$1,295
Mini Track	\$495	\$795

REGISTRATION OPTIONS

Participants are eligible to register for multiple tracks. Please check each option's schedule prior to registering to ensure there are no conflicting dates.

Please refer to our website for descriptions of each option:

www.ahp.org/virtual.

Full Tracks:

- Elements of Major Gifts
- Fundraising Management

Mini Tracks:

- Annual Giving
- Major Gift Initiatives and the Campaign
- Advanced Skills for Major Gifts
- Philanthropy Operations
- Hospice Philanthropy
- Marketing/Communications
- Development Primer

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.



Association for Healthcare Philanthropy
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 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

PAYMENT INFORMATION

- My check is attached, made payable to the Association for Healthcare Philanthropy (in USD).
- Please charge my credit card.

NAME AS IT APPEARS ON CARD

CARD NUMBER

- VISA
- MASTERCARD
- AMEX

EXP. DATE CVC BILLING ZIP CODE

TOTAL AMOUNT DUE

SIGNATURE

DATE SIGNED