

52nd Annual Convocation & Exposition

April 21-24, 2018 | Hyatt Regency Orlando

*New Fresh Look,
Same Mark of Excellence*



ACHCA
American College of
Health Care Administrators

3 Ways to Register

ONLINE: at www.achca.org

FAX: (866) 874-1585

MAIL:

ACHCA Convocation Registration
PO BOX 75060
Baltimore, MD 21275-5060

Deadlines

March 21, 2018

Early Bird Registration

April 5, 2018

Hotel Reservations

Hotel Reservations Hyatt Regency Orlando

Once you've completed your registration, please secure your hotel reservation by April 5, 2018. Your registration as an attendee does not guarantee your hotel accommodations. The group rate starting at \$209 per night plus tax is subject to availability.

Thank you for not using a travel agency when making your hotel reservations.

By utilizing ACHCA's room block, we are able to reduce the overall costs associated with the conference. Hotel reservations for ACHCA conferences should be made directly with the hotel using the link or phone number

Registration Packages

Full Meeting Package Includes: CE, Continental Breakfast each morning, Chair's Reception, Exhibit Hall Pass, Exhibit Hall Lunch, and 1 Awards Banquet Ticket.

Additional Registrant Full Meeting Package Includes: CE, Continental Breakfast each morning, Chair's Reception, Exhibit Hall Pass, Exhibit Hall Lunch, and 1 Awards Banquet Ticket. Registrant must be at the same facility as the primary registrant (*limit 8 discounts per facility*).

Two Day Package Includes: CE, Continental Breakfast each morning, Chair's Reception, Exhibit Hall Pass, and Exhibit Hall Lunch (*Sunday-Monday unless otherwise requested*). *Does NOT include Awards Banquet Ticket.*

Collegiate/AIT Registration Includes: Continental Breakfast each morning, Chair's Reception, Exhibit Hall Pass, Exhibit Hall Lunch, and 1 Awards Banquet Ticket. Does NOT include CE; *Must be a current Collegiate/AIT member of ACHCA.*

Retired Registration Includes: Continental Breakfast each morning, Chair's Reception, Exhibit Hall Pass, Exhibit Hall Lunch, and 1 Awards Banquet Ticket. Does NOT include CE; *Must be a current Retired or Retired Fellow member of ACHCA.*

Guest Package Includes: Continental Breakfast each morning, Chair's Reception, Exhibit Hall Pass, Exhibit Hall Lunch, and Awards Luncheon. Does NOT include CE; *Individual must be a family member or guest not affiliated with or working in long term care. Guest must also be attending with a full meeting registrant.*

Additional Tickets/Events Available for Purchase:

Professional Advancement Luncheon - Sunday, April 22, 2018- \$35

Professional Advancement Luncheon tickets are NOT included with registration fees.

◆ Individuals who became Certified or a Fellow for the first time between 4/1/17 - 3/31/18 can obtain one complimentary ticket to the luncheon.

(Fundraiser Event) - Monday, April 23, 2018 - \$75

Fundraiser tickets are not included with registration fees. Night out at Disney's Epcot Center.

<http://www.achca.org/2018fundraiser> for more information.

ACHCA Awards Luncheon - Tuesday, April 24, 2018

Awards Luncheon tickets are included in full registration packages.

◆ Additional tickets can be purchased for \$45

◆ \$45 per registrant with Two Day Package

General Information

Registration Payment: Payment for the ACHCA Annual Convocation and Exposition can be made by U.S. check, American Express, MasterCard or Visa. Early Bird registration forms must be postmarked by 3/21/18 to receive reduced fees. Payment must accompany registration form. Pending registrations not paid by 3/21/18 will be invoiced at the higher rate. Registrant is responsible for securing hotel reservations. Your registration for Convocation DOES NOT guarantee your hotel accommodations.

Confirmations: Registration confirmations will be emailed to the email provided on the registration within 10 business days of receipt. Immediate acknowledgement will be received by registering online at www.achca.org. For acknowledgement information after 10 business days, please call 800-561-3148 option 701

Refund and Cancellation Policy: Requests for refunds and cancellations must be made in writing. ACHCA will refund your entire registration fee, less \$75 processing fee until March 21, 2018. After 3/21/2018, no refunds will be issued except in case of a facility Survey. If a Survey occurs over the period of Convocation, ACHCA will refund your registration fee upon receipt of confirmation of the Survey. Substitutions of registrations are welcome, but must be made in writing. No shows will not receive a refund. ACHCA is not responsible for airfare, hotel and other costs incurred by participants in the event of program or registration cancellation.

Credit Card Payment Processing Disclosure: Charges are processed through our merchant services provider, Moolah. The item may appear on your statement as ACHCA or PURCHASE AMERICANCOL. Please contact us with any questions you may have at 800-561-3148 option 702.

Permission of Photo Release: From time to time, ACHCA uses photographs of event participants in its promotional materials. By virtue of your attendance at ACHCA events, ACHCA reserves the right to use your likeness in ACHCA's publications and website, unless you have denied permission by checking the box on the registration form. If you deny permission to use your likeness, please note that it is your responsibility to avoid being photographed in large-group pictures during events at the conference.

Appropriate Dress: Since ACHCA is a professional leadership society, business-casual attire is suitable for all meetings, sessions and events. Please remember to bring a sweater or jacket for air-conditioned rooms.

Questions: For membership number or membership inquiries, call 800-561-3148, option 703 or email jpauldin@achca.org For conference registration inquiries, call 800-561-3148 option 701 or email elollis@achca.org

Attendee Registration Form

REGISTRANT INFORMATION

Please submit a separate registration form for each additional registrant.

Primary Registrant Additional Registrant

Member Number* _____

NAB ID NUMBER: _____

Referred By: _____

Last Name _____ First Name _____ M.I. _____

ACHCA Credentials _____ Nickname for Badge _____

Facility/Company Name _____ Title _____

Preferred Mailing Address Home Work _____

City/State/Zip Code _____

Home Phone _____ Work Phone _____ Fax _____

Attendee Email Required (Confirmation will be sent via email)

- I am a first-time Annual Convocation Attendee
- I wish to opt out of the exhibitor email list. Exhibitors are limited to one pre-conference email and one post-conference email per the list use agreement.
- I do not grant ACHCA the right to use my photo (See information page for details)

SPECIAL MEAL REQUESTS

To ensure availability, please request a special meal and pick up your ticket at the ACHCA registration desk a minimum of 24 hours prior to scheduled event. Special meals MUST be ordered by 3/23/18 Kosher Meal Vegetarian Meal Gluten Free Meal

Special Accommodations:

Please check here if you require special accommodations to fully participate.
Describe your needs: _____

Continuing Education Credits

For Continuing Education Credit, please complete the following:

License Number _____ State _____ Type: NHA ALA RN Other: _____

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REGISTRATION PACKAGES AND FEES

See registration information page for a full description of what is included in each package.

FULL MEETING PACKAGES

Primary Registrant

| | Advance Rate By 3/21/18 | Regular/Onsite Rate After 3/21/18 |
|-----------------|--------------------------------|--------------------------------------|
| ACHCA Member | <input type="checkbox"/> \$650 | <input type="checkbox"/> \$800 |
| Non-Member | <input type="checkbox"/> \$850 | <input type="checkbox"/> \$1,000 |
| Collegiate/AIT* | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$225 |
| Retired* | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$300 |

*Must be a current Collegiate/AIT, Retired and Retired Fellow Member of ACHCA

Additional Registrant from the Same Facility

Primary registrant must already be submitted.

Name of Primary Registrant _____

Additional Registrant is: \$615 \$765

TWO DAY PACKAGE

Sunday & Monday (unless otherwise requested)

| | | |
|--------------|--------------------------------|--------------------------------|
| ACHCA Member | <input type="checkbox"/> \$515 | <input type="checkbox"/> \$515 |
| Non-Member | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$675 |

ONE DAY PACKAGE

| | |
|--------------|-------------|
| ACHCA Member | _____ \$275 |
| Non-Members | _____ \$425 |



GUEST PACKAGES

See registration information page for a full description of what is included.

| | Early Bird Rate By 3/21/18 | Regular Rate After 3/21/18 |
|-------|--------------------------------|--------------------------------|
| Guest | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$400 |

Guest Name _____

ADDITIONAL TICKETS

Professional Advancement Luncheon - Sunday, April 22, 2018

Professional Advancement Luncheon tickets are not included with registration fees. Must be ACHCA certified or a Fellow to attend this luncheon.

Luncheon Ticket \$35.00 x _____ (qty) \$ _____

I became Certified or a Fellow for the first time between 4/1/17 - 3/31/18 and would like one complimentary ticket.

Fundraiser Event - Monday, April 23, 2018

Fundraiser tickets are not included with registration fees. Night out at Disney's Epcot Center. <http://www.achca.org/2018fundraiser> for more information.

Fundraiser Ticket \$75.00 x _____ (qty) \$ _____

Awards Luncheon - Tuesday, April 24, 2018

Awards Luncheon tickets are included with full registration fees.

Two Day Package & Additional Tickets \$45.00 x _____ (qty) \$ _____

| | |
|--|-----------------|
| Your Registration Total | \$ _____ |
| Guest Registration Total | \$ _____ |
| Additional Tickets Total | \$ _____ |
| Membership Dues | \$ _____ |
| <i>Please attach completed membership form found at www.achca.org</i> | |
| Voucher or Other Adjustments | \$ _____ |
| <i>Please attach documentation</i> | |
| Total Due | \$ _____ |

PAYMENT INFORMATION

Early bird registration forms must be postmarked by 3/21/18 to receive reduced fees. Payment must accompany registration form. Pending registrations not paid by 3/21/18 will be invoiced at the regular rate.

Check Enclosed (Payable in U.S. Dollars to ACHCA)
 Please charge my Visa MasterCard American Express

Card Number _____ Expiration _____

CVV _____ Name as it appears on card _____

Billing Address _____

Signature of Cardholder _____

FAX your completed form and credit card payment to (866) 874-1585

MAIL check payments to: ACHCA Convocation Registration
PO BOX 75060 | Baltimore, MD 21275-5060

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