

# 2024 Convocation & Expo

May 6-9, 2024

Embassy Suites  
Myrtle Beach, South Carolina

Waves of Opportunity. Oceans of Success.



## ACHCA

American College of  
Health Care Administrators

### 3 Ways to Register

**ONLINE:** at [www.achca.org](http://www.achca.org)

**FAX:** (800) 561-3148

**MAIL:**

ACHCA Convocation Registration

1101 Connecticut Ave. NW

Suite 450

Washington, DC 20036

### Deadlines

Advanced Registration

**April 5, 2024**

Hotel Reservations

**April 5, 2024**

(or once the block has been filled)

### Hotel Reservations

Embassy Suites Myrtle Beach

9800 Queensway Blvd | Myrtle Beach, SC

Make your hotel reservations online at [www.achca.org/convohotel](http://www.achca.org/convohotel) or call (843) 449-0006. Please make your reservations by April 5, 2024 to take advantage of the ACHCA group rate of \$235/night plus tax & resort fee. Please book your hotel reservation early to ensure 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 provided by ACHCA.*

### Registration Packages

**Full/Additional/Student/Retired Packages include:** Continuing Education(CE), Chair's Reception, Exhibit Hall Pass, Exhibit Hall Lunch, and refreshment breaks.

**\*Additional Registrant Full Meeting Package** -(limit 6 discounts per facility).

**\*Student and Retired Packages** -(Must be a current Collegiate/AIT member of ACHCA or must be a current Retired or Retired Fellow member of ACHCA. ).

**Two Day Package Includes:** CE, Chair's Reception, Exhibit Hall Pass, Exhibit Hall Lunch, and refreshment breaks. (The 2 day package must include 2 of the following days: Tuesday, Wednesday, or Thursday)

**One Day Package Includes:** CE, Chair's Reception, Exhibit Hall Pass, Exhibit Hall Lunch, and refreshment breaks. (The 1 day package must include 1 of the following days: Tuesday, Wednesday, or Thursday)

**Guest Package Includes:** Keynote Session, Chair's Reception, Exhibit Hall Pass, Exhibit Hall Lunch, and refreshment breaks. (Special Reminder: Guest packages are for family members or guests who are not affiliated with or working within the long term care profession and who are attending with a full meeting registrant. (Guest DO NOT RECEIVE Continuing Education.)

### Additional Tickets/Events Available for Purchase:

**ACHCA Awards Dinner- Wednesday, May 8—\$100**

Awards Dinner tickets are NOT included in registration packages.

**Eli Pick Facility Leadership Award/Professional Advancement Luncheon—Tuesday, May 7—\$75**

Luncheon tickets are not included with registration fees.

**Pre-Conference Seminar (5 CE)-Monday, May 6—\$150(ACHCA Members)/\$200(Non-Members)** Presented by Denise Boudreau

**Academy Fundraiser/Happy Hour-Wednesday, May 8-\$25**

### General Information

**Release and Waiver/Covid Protocols:** [www.achca.org/waiver](http://www.achca.org/waiver)

**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 4/5/24 to receive reduced fees. Payment must accompany registration form. Pending registrations not paid by 4/5/24 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](http://www.achca.org). For acknowledgment 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 a \$75 processing fee until April 5, 2024. After 4/5/2024 no refunds will be issued except in the 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, or 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, Authorize.net. The item may appear on your statement as ACHCA. Please contact us with any questions you may have at 800-561-3148 option 704.

**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.

**Hotel Disclosure:** By submitting your registration, you agree to cooperate with any and all hotel rules and regulations. You also agree to waive any claims regarding possible rebates, commissions or personal contact information disclosures for the purpose of auditing the room block.

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

### Attendee Registration Form

#### REGISTRANT INFORMATION

Please submit a separate registration form for each additional registrant.

Primary Registrant  Additional Registrant

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 Accommodations:

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

#### 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 4/5/2022:  Kosher Meal  Vegetarian Meal  Gluten Free Meal

#### 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 4/5/2024	Regular Rate After 4/5/2024
ACHCA Member	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
Non-Member	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
Collegiate/AIT*	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
Retired*	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300

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

#### Additional Registrant from the Same Facility

Primary registrant must already be submitted.

Name of Primary Registrant \_\_\_\_\_

Additional Registrant is:  \$625  \$725

#### TWO DAY PACKAGE

ACHCA Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Non-Member	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850

#### ONE DAY PACKAGE

ACHCA Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400
Non-Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550

Guest Package  \$450  \$450

Guest Name: \_\_\_\_\_

\*To qualify for the member rate, each registrant must be a current ACHCA member. Only designated Business Affiliate company representatives may register at the member rate.

Emergency Contact Name & Number \_\_\_\_\_

#### ADDITIONAL TICKETS

**Eli Pick Facility Leadership Award Luncheon**—Tuesday, May 7  
\$75.00 x \_\_\_\_\_ (qty) \$ \_\_\_\_\_

**Awards Dinner Tickets** - Wednesday, May 8  
\$100.00 x \_\_\_\_\_ (qty) \$ \_\_\_\_\_

**Academy Fundraiser/Happy Hour** - Wednesday, May 8 \$25

Donate to the Academy - \$ \_\_\_\_\_

**Pre-Conference Seminar** - Presented by Denise Boudreau  
Monday, May 6  
\$150-Member | \$200-Non-Member

#### SOCIAL EVENTS

Please indicate which activities you plan to attend.

- Chair's Reception - Tuesday, May 7
- Exhibit Hall Luncheon - Wednesday, May 8

#### CONFERENCE T-SHIRT SIZE (Circle one)

Sm Med Large XL XXL

#### Release and Waiver/Covid Protocols:

[www.achca.org/waiver](http://www.achca.org/waiver)

**I have read the release and waiver/Covid protocols and agree to them:**  Yes  No

Your Registration Total	\$ _____
Additional Tickets Total	\$ _____
Membership Dues	\$ _____
<i>Please attach completed membership form found at <a href="http://www.achca.org">www.achca.org</a></i>	
Voucher or Other Adjustments	\$ _____
<i>Please attach documentation</i>	
<b>Total Due</b>	<b>\$ _____</b>

#### PAYMENT INFORMATION

Early Bird registration forms must be postmarked by 4/5/24 to receive reduced fees. Payment must accompany registration form. Pending registrations not paid by 4/5/24 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 (800) 561-3148  
**MAIL** check payments to: ACHCA Convocation Registration  
1101 Connecticut Ave. NW, Suite 450 | Washington, DC 20036

Once registered, please secure your **hotel reservations**. Your registration for Convocation **DOES NOT** guarantee your hotel accommodations. Please visit [www.achca.org/convocation](http://www.achca.org/convocation) for hotel reservation information.

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