**A close up of a logo

Description automatically generatedGROUP CONVOCATION REGISTRATION APPLICATION**

**This discount is only on full registrations. Exclusions:** Discount cannot be applied to pre-con, 1 day, 2 day, or other event tickets.

**Student/Faculty Full Registrants**

10 Students/Faculty: $2125 (15%) 10 Registrants: $5525 (15% discount)

20 Students/Faculty: $4000 (20%) 20 Registrants: $104000 (20% discount)

More than 20 contact ACHCA Staff for a 25% discount More than 20 contact ACHCA Staff for a 25% discount

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY/ORGANIZATION NAME:** | | | |
| Address |  | Invoice Contact 2 |  |
| City, State, Zip |  | Invoice Email 2 |  |
| Invoice Contact 1 |  | Invoice Phone |  |
| Invoice Email 1 |  | Invoice Fax |  |
| **Registrant 1:** |  | **Registrant 2:** |  |
| Name |  | Name |  |
| Credentials |  | Credentials |  |
| Title |  | Title |  |
| State & Email |  | State & Email |  |
| **Registrant 3:** |  | **Registrant 4:** |  |
| Name |  | Name |  |
| Credentials |  | Credentials |  |
| Title |  | Title |  |
| State & Email |  | State & Email |  |
| **Registrant 5:** |  | **Registrant 6:** |  |
| Name |  | Name |  |
| Credentials |  | Credentials |  |
| Title |  | Title |  |
| State & Email |  | State & Email |  |
| **Registrant 7:** |  | **Registrant 8:** |  |
| Name |  | Name |  |
| Credentials |  | Credentials |  |
| Title |  | Title |  |
| State & Email |  | State & Email |  |
| **Registrant 9:** |  | **Registrant 10:** |  |
| Name |  | Name |  |
| Credentials |  | Credentials |  |
| Title |  | Title |  |
| State & Email |  | State & Email |  |
| **#** | **Registrant Type** | **Total Cost** | **Mail application with check** |
| 10 | Student/Faculty | $2125 | **ACHCA** |
| 20 | Student/Faculty | $4000 | **Attn: Convocation 2024** |
| 10 | Full Registrants | $5525 | **1101 Connecticut Ave NW** |
| 20 | Full Registrants | $10400 | **Washington, DC 20036** |
| **Credit Card Account Number:** | | | |
| **Expiration Date: Security Code:** | | | |
| **Cardholder Name:** | | | |
| **Cardholder Signature:** | | | |

**\*Fax application with credit card information to 1-800-561-3148**