

*We'll save a seat for you!*

# 2025 Convention & Expo

Myrtle Beach, South Carolina

EMBASSY SUITES MYRTLE BEACH

APRIL 7-10, 2025

Learn  
Experience  
Network



## Deadlines!

### Early Bird Discount

February 28, 2025

### Regular Rate

March 1 - April 1, 2025

### Hotel Reservations

March 14, 2025

(or once the room block has been filled)

## Registration Packages

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

### Full Conference

All three days: Tuesday, Wednesday, and Thursday

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

### Two-Day

Choice of two days: Tuesday, Wednesday, or Thursday

### One-Day

Choice of one day: Tuesday, Wednesday, or Thursday

### Packages Include:

Continuing Education(CE)

Chair's Reception

Exhibit Hall Pass

Exhibit Hall Lunch

Refreshment Breaks

**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.

**Guest Package:** Includes all above, except Continuing Education.

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.

## Additional Events

**Pre-Conference Seminar presented by Leah Klusch, FACHCA (5.5 CE):** Monday, April 7

**Awards Dinner:** Wednesday, April 9 (\$150 - Not included in registration)

## Join us at

## Embassy Suites Myrtle Beach!

Make your hotel reservations online at  
[www.achca.org/hotel](http://www.achca.org/hotel) or call (843)449-0006

Please make your reservations by **March 14, 2025** to take advantage of the ACHCA group rate of \$246/night plus tax & resort fee. Please book your hotel reservation early to ensure availability.



\$246/Night  
ACHCA  
Group Rate

## Attendee Registration Form

### REGISTRANT INFORMATION

Please submit a separate registration form for each additional registrant.

Primary Registrant  Additional Registrant

NAB ID Number \_\_\_\_\_

\_\_\_\_\_  
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 Convention 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 3/5/25:  Kosher Meal  Vegetarian Meal  Gluten Free Meal

### REGISTRATION PACKAGES AND FEES

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

\$25 late fee for on site registrations

#### FULL MEETING PACKAGES

##### Primary Registrant

	Advance Rate By 2/28/25	Regular Rate March 1-April 1
ACHCA Member	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850
Non-Member	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1050
Collegiate/AIT*	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275
Retired*	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330

\*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:  \$725(Member)  \$925(Non-member)

#### TWO DAY PACKAGE

ACHCA Member	<input type="checkbox"/> \$630	<input type="checkbox"/> \$730
Non-Member	<input type="checkbox"/> \$830	<input type="checkbox"/> \$930

#### ONE DAY PACKAGE

ACHCA Member	<input type="checkbox"/> \$360	<input type="checkbox"/> \$460
Non-Member	<input type="checkbox"/> \$560	<input type="checkbox"/> \$660

Guest Package  \$495  \$545

#### PRE-CONFERENCE (4/7/25)

Member	<input type="checkbox"/> \$165	<input type="checkbox"/> \$215
Non-Member	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270

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

**Awards Dinner Tickets** - Wednesday, April 9  
\$150.00 x \_\_\_\_\_ (qty) \$ \_\_\_\_\_

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

### SOCIAL EVENTS

Please indicate which activities you plan to attend.

- Chair's Reception - Tuesday, April 8
- Exhibit Hall Luncheon - Wednesday, April 9
- Happy Hour Event - Wednesday, April 9

### 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 2/28/25 to receive reduced fees. Payment must accompany registration form. Pending registrations not paid by 2/28/25 will be invoiced at the regular rate.

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 (301) 258-9771

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.

**Refund and Cancellation Policy:** No refunds will be issued except in the case of a facility Survey. If a Survey occurs over the period of Convention, 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.