23nd Annual Winter Marketplace
December 9-11, 2016 | Rio All-Suite Hotel & Casino | Las Vegas, Nevada

ACHCA — American College of Health Care Administrators

Attendee Registration Form

Please include payment with registration form. One registration form per person. Advance registration ends **November 2, 2016**. After November 2, 2016 only online or onsite registrations can be accepted.

REGISTRANT INFORMATION

Last Name _____ First Name _____ M.I. _____

ACHCA Credentials _____ ACHCA Member Number* _____

Facility/Company Name (*Required*) _____

Position/Title (*Required*) _____

Preferred Mailing Address ❑ Home ❑ Work _____

City/State/Zip Code _____

Home Phone _____ Work Phone _____ Fax _____

Attendee Email (*Required for confirmation and certificate*) _____

❑ 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. ACHCA reserves the right to use your likeness in promotions, publications and website, unless you have denied permission. 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.

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 11/18/16. ❑ 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
If you are requesting Continuing Education Credit, please fill in license information:

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

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

Join ACHCA Now!
Take advantage of lower registration rates for ACHCA members.
❑ Yes, I want to become an ACHCA Member.
Please complete and attach the membership form available at www.achca.org. You may include membership dues with your conference registration payment. You may also join online. Membership in ACHCA is individual and not facility-based.

REGISTRATION CATEGORIES AND FEES

	Advance By 11/2/16	After 11/2/16 Pay Online or onsite
Primary Registrant		
ACHCA Member*	❑ $570	$670 (online/onsite)
Non-Member	❑ $780	$880 (online/onsite)
Collegiate/AIT^	❑ $225	$225 (online/onsite)
Retired^	❑ $259	$259 (online/onsite)

^Must be a current Collegiate/AIT, Retired and Retired Fellow Member of ACHCA. Does not include CE credit.

Additional Registrant from the Same Facility
Save $50 on an additional registrant from the same facility (limit 2 discounts per facility). Call (202) 536-5120 for more information on how to register.

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

Your Registration Total $_____

REQUIRED - Check One:
(*If not marked, registration will default to Winter Marketplace Program*)
  ❑ Winter Marketplace Program
  ❑ Certificate Program: Litigation Preparation in the Post-Acute World

Membership Dues $_____
(*Please attach completed membership form found at www.achca.org*)

Voucher or Other Adjustments $_____
(*Please attach documentation*)

TOTAL DUE $_____

EMERGENCY CONTACT
In case of an emergency at the conference, please contact:
Name _____ Relationship _____

Phone Number _____

PAYMENT INFORMATION
After November 2, 2016, register online at www.achca.org or onsite. Advance registration forms must be postmarked by **11/2/16** to receive reduced fees. Payment must accompany registration form. Pending registrations not paid by **11/2/16** will be invoiced at the higher rate.

❑ Check Enclosed (Payable in U.S. Dollars to ACHCA)

❑ Please charge my   ❑ Visa   ❑ MasterCard   ❑ American Express

Card Number _____ Expiration _____

Sec Code _____ Name on card _____

Billing Address _____

City/State/Zip _____

FAX your completed form and credit card payment to our secure fax at: (866) 874-1585

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

Once registered, please secure your **hotel reservations**. Your registration for Winter Marketplace DOES NOT guarantee your hotel accommodations.

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 November 2, 2016. After 11/2/16 no refunds or credits will be issued except in case of a facility Survey. If a Survey occurs over the period of the conference, ACHCA will refund your registration fee less $75 processing fee upon receipt of confirmation of the Survey. Substitutions of registrations are welcome anytime before the start of the conference, 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. No other refunds or vouchers will be given.

Payment Processing Disclosure: Please note that should this charge be disputed by you or any agent acting in your behalf, a service fee not to exceed 5% of the original charge amount may be incurred. Charges are processed through our merchant services provider, Moolah. The item may appear on your statement as PAYPAL ACHCA or PURCHASE AMERICANCOL.

Hotel Reservations
Rio All-Suite Hotel & Casino
3700 W. Flamingo Road Las Vegas, NV 89103
Make reservations online at https://aws.passkey.com/g/54995766 or call the Reservation Center at 888-746-6955 and request the group code SRCOL6. The group rate ends November 12, 2016. The group rate is $70 per night with a $25 daily resort fee plus 12% tax. The resort fee includes in-room internet and access to the fitness center. This rate is subject to availability.