

2010 ACHE ANNUAL CONFERENCE REGISTRATION

Title: _____ First Name: _____
Last Name: _____
Professional/Position Title: _____
Badge Name Preference: _____
Company/Institution: _____
Department (if applicable): _____
Address 1: _____
Address 2: _____
City: _____
State: _____ Country (if not US): _____ Zip: _____
Work Phone: _____
Alt. Phone: _____ Fax: _____
E-mail: _____
ACHE Region: _____
Mobility or health concerns; necessary accommodations: _____

Food Allergies or Dietary Needs

Diabetic Vegetarian-Ovo-Lacto Vegan Kosher Shellfish Allergies
 Other: _____

My Roles in ACHE (check all that apply)

Current ACHE member ACHE First-time Annual Meeting Attendee ACHE Board Member
 ACHE Committee Chair ACHE Regional Chair Alpha Sigma Lambda Councilor
 Professional Association Rep., Assoc. Name: _____

Emergency Contact Information

First Name: _____ Last Name: _____
Relationship: _____
Daytime Telephone Number: _____
Evening Telephone Number: _____

REGISTRATION FEES

ACHE Member (Early Bird by 09/07) \$445 ACHE Non-Member (Early Bird by 09/07) \$525
 ACHE Member (Regular 09/08- 10/20) \$475 ACHE Non-Member (Regular 09/08- 10/20) \$555
 Additional registrant (beyond two) from same Member institution \$395
 Additional registrant (beyond two) from same Non-Member institution \$475
Member Day rate \$250 Thurs Fri Sat
Non-Member Day rate \$275 Thurs Fri Sat

Social Events Included in Registration Fee (please check all that you will attend)

Thursday Meet n' Greet Lunch (10/21) Opening reception (10/21)
 Annual Luncheon (10/22) Awards Lunch (10/23)

GUEST REGISTRATION

(purchase tickets for all four meals at one price, or choose one or more and buy tickets a la carte)

Single Price: (includes Thursday Meet n' Greet Lunch, Opening Reception, Annual Luncheon, Awards Lunch)

Adult: \$150 Guest(s) names: _____
 Child: \$85 Guest(s) names: _____

A La Carte:

Continental Breakfasts- Adult - \$20 Guest(s) names: _____
 Continental Breakfasts- Child - \$12 Guest(s) names: _____
 Thursday Meet n' Greet Lunch- Adult - \$35 Guest(s) names: _____
 Thursday Meet n' Greet Lunch- Child - \$20 Guest(s) names: _____
 Opening Reception - Adult- \$70 Guest(s) names: _____
 Opening Reception- Child- \$40 Guest(s) names: _____
 Annual Luncheon- Adult- \$35 Guest(s) names: _____
 Annual Luncheon - Child- \$20 Guest(s) names: _____
 Annual Lunch- Adult- \$35 Guest(s) names: _____
 Annual Lunch - Child- \$20 Guest(s) names: _____

PAYMENT INFORMATION:

Check (payable to ACHE enclosed) Invoice Me Credit Card/Debit Card
 Visa MasterCard Discover AMX

Card Number: _____ Expiration Date: _____

CVV: _____ Signature: _____ Date: _____

I do not wish to be added to the attendee list sent out to Exhibitors/Sponsors.

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RETURN FORM BY MAIL TO:

Association for Continuing Higher Education, Inc.
University of Oklahoma Outreach
OCCE Administration Building, Room 233
1700 Asp Avenue
Norman, OK 73072-6400

Return form by fax to: 405-325-4888, Attn: Ynez Walske

Register online: www.acheinc.org/ache2010/registration

Questions? Contact Ynez Walske at 405-329-0249, or by email at admin@acheinc.org

Your registration must be postmarked or received by fax no later than Tuesday, Aug. 31, to take advantage of the Early Bird Registration Fees.

**Cancellations received in writing on or before Friday, October 8, 2010 will be refunded less a 10% processing fee. No refunds will be made after that date. Substitutions will be allowed. Refunds will be issued after the conference.

