

# ACHE South 2011 Spring Conference Registration Form

## Contact Information

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Name to appear on badge: \_\_\_\_\_

Institution \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

I would like my name to appear on ACHE South Listing  Yes  No

Are you a new attendee?  Yes  No

### Please register me for the ACHE Conference (price per person):

- |   |                          |       |
|---|--------------------------|-------|
| <input type="checkbox"/> Early Registration <i>prior to March 11, 2011</i>                        | <input type="checkbox"/> | \$295 |
| <input type="checkbox"/> Regular Registration   | <input type="checkbox"/> | \$325 |
| <input type="checkbox"/> Multiple Registrations <i>2 or more attendees from 1 school</i>          | <input type="checkbox"/> | \$275 |
| <input type="checkbox"/> Texas School Day Rate Registration – <i>attendee from a Texas school</i> | <input type="checkbox"/> | \$225 |
| <input type="checkbox"/> Military/Graduate Student Registration <i>1-Day Rate</i>                 | <input type="checkbox"/> | \$75  |
| <input type="checkbox"/> Guest Dinner Ticket – <i>Monday evening reception and dinner</i>         | <input type="checkbox"/> | \$75  |
| <input type="checkbox"/> Award Luncheon Guest - <i>Tuesday</i>                                    | <input type="checkbox"/> | \$40  |
| <input type="checkbox"/> Registration cancellation fee  | <input type="checkbox"/> | \$50  |

### Optional Registrations *Subject to meeting minimum attendance levels. Must book by March 11, 2011.*

- |  |                          |      |
|--|--------------------------|------|
| <input type="checkbox"/> Sunday, April 17 <sup>th</sup> Pre-conference Excursion to Shop Outlet Malls 9am–3pm        | <input type="checkbox"/> | \$25 |
| <input type="checkbox"/> Sunday, April 17 <sup>th</sup> Pre-conference Excursion to Fiesta Charreada noon – 5:30pm   | <input type="checkbox"/> | \$35 |
| <input type="checkbox"/> Tuesday, April 19 <sup>th</sup> dinner on the San Antonio River at Acenar Restaurant 6:30pm | <input type="checkbox"/> | \$45 |

Total Fee: \$ \_\_\_\_\_

### To help us with our planning, please check all activities you plan to attend

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, I will attend the following sessions: |  |
| <input type="checkbox"/> Monday afternoon break                     | <input type="checkbox"/> Tuesday morning break   |
| <input type="checkbox"/> Monday Past Chairs' evening reception      | <input type="checkbox"/> Tuesday Awards Luncheon |
| <input type="checkbox"/> Monday night dinner                        | <input type="checkbox"/> Wednesday breakfast     |
| <input type="checkbox"/> Tuesday breakfast                          |  |

### Special meal or accommodation requests: \_\_\_\_\_

Credit Card :  Visa  Master Card

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name on Credit Card \_\_\_\_\_

Check  Purchase Order: PO Number: \_\_\_\_\_

### Send Checks and Purchase Orders Payable to: University of the Incarnate Word

ACHE Registration c/o Ruby Herrera

4301 Broadway #312

San Antonio, TX 78209

or Fax to: (210) 829-2756 Attn. Ruby Herrera