

ASHHRA 51st Annual Conference & Exposition

Strategic Leaders for Healthcare's Future

September 19-22, 2015 Orlando, Florida



REGISTRATION FORM

Early Bird Special
Register now and
SAVE
up to
\$50
Offer expires March 31, 2015

Submit this form with payment, and secure your place for 2015!

Register online at www.ashhra.org/register OR mail this completed form with your check to the address at the bottom of the page.

You may request an invoice via email at ashhra@aha.org.

For more conference information, call (312) 422-3720 or visit www.ashhra.org/annualconference.

1 ASHHRA CONFERENCE ATTENDEE REGISTRATION INFORMATION (please print):

First Name: _____ Last Name: _____ Member ID: _____

Name on Badge: _____ Credentials: _____

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

PLEASE INDICATE IF YOU ARE: (check all that apply)

- New to health care (≤5 years)
- New to HR (≤5 years)
- New Member
- First Time Attendee
- Sponsor
- Hospital
- Health System
- Non-Hospital Facility

2 SELECT REGISTRATION PACKAGE

	PREMIER <small>Valid thru 12/31/2014</small>	EARLY BIRD <small>Effective 01/01/15 - 03/31/15</small>
OPTION 1 Pre-Conference (Sept. 19) <small>Learning sessions from 8:30 a.m. to 12:30 p.m., and from 2:00 to 4:00 p.m.</small>		
Member	\$ 350	\$ 350
Non-Member	\$ 510	\$ 510
OPTION 2 Full Conference (Sept. 20-22)		
Member	\$ 675	\$ 700
Non-Member	\$ 835	\$ 860
OPTION 3 Conference Package (Sept. 19-22) <small>Full Conference + Pre-Conference</small>		
Member	\$ 825	\$ 850
Non-Member	\$ 985	\$ 1010
OPTION 4 Student		
Member	\$ 450	\$ 475
Non-Member	\$ 500	\$ 525

Exhibit Hall Guest Badge
Entry into exhibit hall and hall meals only. Must be guest of a full conference registrant or exhibitor. \$150

MetLife® Social Event (Sept. 20) \$25 each
Limit 2 tickets per attendee.

OTHER PRICING OPTIONS

One-Day Rates

Price includes entry into exposition and learning sessions only.

	SUNDAY	MONDAY	TUESDAY
Member	\$350	\$350	\$175
Non-Member	\$510	\$510	\$335

3 PAYMENT INFORMATION:

Total Amount: \$

- Check Enclosed
(Make check payable to ASHHRA 319AM15)
- Request an Invoice
You may request an invoice via email at ashhra@aha.org

Mail completed form with payment to:

ASHHRA of the AHA
75 Remittance Drive, Suite 1885
Chicago, IL 60675-1885

Credit Card

Register online to pay by credit card:
www.ashhra.org/register

Cancellation Policy: Registration is non-transferrable. Registration fees, less a \$100 cancellation fee, are refundable if notice is received in writing via email, or fax by August 19, 2015. Cancellations received after that date will not be refunded. Phone cancellations will not be accepted. ASHHRA is not obligated to fulfill a cancellation request not received by the cancellation deadline. Please confirm receipt of cancellation notice prior to August 19, 2015. Direct your cancellation request/questions to ASHHRA by fax at (312) 422-4577, or by email at ashhra@aha.org. All refunds will be made to payer only; no exceptions.