



2018 AHLA LEGISLATIVE ACTION SUMMIT REGISTRATION FORM

Please print or type all information. Your name and affiliation will appear exactly as you indicate on this form. Please make a copy of this registration form for your files. Feel free to photocopy this form for additional registrants. We encourage you to register early to facilitate the scheduling of Congressional appointments.

Important: Home zip code must have all 9 digits: _____

This information is used to schedule appointments with the Representative of your congressional district and if this field is not filled out, your registration will be returned. If you do not have your nine-digit zip code, you may find it at www.usps.gov.

Registration Fees:

- AHLA Member: **\$200**
- AHLA Under 30 Gateway/Student Member: **\$100**
- AHLA Board Member: **\$100**
- Partner State Association Executive: **\$200**
- Non-Member: **\$400**

Total Registration Fees: _____

Optional Donation: AHLEF Annual Giving Campaign

\$25 \$50 \$100 \$_____ Please acknowledge my gift as a: Personal Corporate

Please indicate how you would like to be recognized for your contribution: _____

Registration & Payment Information:

First Name: _____ Last Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____ Fax: _____

PHOTO RELEASE: By registering for this AHLA Meeting, I authorize AHLA and its official photographer the right to photograph me in the context of the Meeting setting and to use the photographs in all formats and media for any purpose, including for education, marketing and trade purposes. I hereby release AHLA from all claims arising out of the use of the photographs, including without limitation all claims for compensation, libel, invasion of privacy, or violation of copyright owner - ship.

Check here if you require accommodations under the Americans with Disabilities Act (ADA).

Check enclosed payable to AHLA.

Please charge my credit card for \$_____.

American Express VISA MasterCard Diners Club Discover/NOVUS

Name on Card: _____

Card #: _____ Exp. Date: _____

CID #: _____ (American Express Cards Only)

Signature: _____ Date: _____

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Enclose a check made payable to AHLA or a credit card authorization for the registration fee.

Fee MUST accompany this form to be fully registered.

AHLA Cancellation Policy:

A full refund will be issued for your registration fee(s) only if written notice of cancellation is received by August 17, 2018.

A refund minus a \$75 administrative processing fee will be issued for written cancellations received between

August 18, 2018 and September 7, 2018. No refunds will be issued for cancellations received after September 7, 2018.

SEND AHLA LEGISLATIVE ACTION SUMMIT REGISTRATIONS TO:

AHLA Conventions & Events Department

1250 Eye Street NW, Suite 1100, Washington, DC 20005-3931

Fax to: (202) 289-3158, Email to: oklipa@ahla.com, or register online at www.ahla.com.

For further information and questions, contact Olivia Klipa at (202) 289-3196 or oklipa@ahla.com.

**For information on becoming a member of AHLA, contact the membership department at (202)289-3100 OR membership@ahla.com.*