

# FORWARD 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.

## Registration Fees:

AHLA Member: **\$500**

Non-Member: **\$1,000**

AHLA Under 30 Gateway/Student Member: **\$300**

Group AHLA Member Registration: **\$2,500**  
6 Attendees. Please complete group form on next page.

Optional Donation:  AHLEF Annual Giving Campaign

**Total Registration Fees:** \_\_\_\_\_

\$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 ownership.

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  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 May 27, 2020.

A refund minus a \$75 administrative processing fee will be issued for written cancellations received between May 29, 2020 and June 15, 2020. No refunds will be issued for cancellations received after June 15, 2020.

**SEND FORWARD REGISTRATIONS TO:**

AHLA Conventions & Events Department

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

Fax to: (202) 289-3199, Email to: [abrennan@ahla.com](mailto:abrennan@ahla.com), or register online at [www.ahla.com/events/forward](http://www.ahla.com/events/forward).

For further information and questions, contact Allison Brennan at (202) 289-3111 or [abrennan@ahla.com](mailto:abrennan@ahla.com).

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

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