

Night of A Thousand Stars

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:

Table of 10: **\$25,000**

Individual Ticket: **\$500**

Table of 8: **\$15,000**

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 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 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 December 21, 2018.

A refund minus a \$75 administrative processing fee will be issued for written cancellations received between December 22, 2018 and January 11, 2019. No refunds will be issued for cancellations received after January 11, 2019.

SEND NIGHT OF A THOUSAND STARS REGISTRATIONS TO:

AHLA Conventions & Events Department

1250 EyeStreet NW, Suite 1100, Washington, DC 20005-3931

Fax to: (202) 289-3178, Email to: oklipa@ahla.com, or register online at www.ahla.com/stars.

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*