



HELLO my name is:
Badge First Name
Full Name
Credentials (only first two will be on your badge)

CONTACT information:
Firm/Organization (on roster and badge)
Street Address
City, State Zip (on badge)
Email (on roster) <input type="checkbox"/> Check if you do <b>not</b> want email published
Phone

**Please check (if any):**    Vegetarian meals    Gluten-free meals    Other dietary need \_\_\_\_\_  
 First-time SLS attendee    Special assistance required \_\_\_\_\_

Emergency Contact – Name/Mobile Phone Number: \_\_\_\_\_

Guest Name (Guests can attend Foundation reception and tours.): \_\_\_\_\_

ACHA reserves the right, in its sole discretion, to cancel this meeting. In that event, ACHA shall refund to you all registration fees that it has received from you for this meeting, but shall have no further obligation to you of any type, whether monetary or otherwise. Accordingly, ACHA in no event shall have any liability to you based on claims for indirect, special, or consequential damages of any type whatsoever, and shall have no other obligation to you of any type except as expressly stated in the preceding sentence.

## REGISTRATION fees:

Attendee \$250

## OPTIONAL registrations:

<input type="checkbox"/> Academic Summit –Networking Reception (limit of 30)	Thursday, 7/26	6:00pm – 8:00pm	\$0
<input type="checkbox"/> ACHA Luncheon ( <b>Limited to ACHA certificants</b> ) <i>ACHA certificate number required to register: _____</i>	Friday, 7/26	11:30 am – 1:00 pm	\$0
<input type="checkbox"/> AAH Foundation Networking Reception-Chicago Architectural Center	Friday, 7/26	6:30pm – 9:30 pm	\$100
<input type="checkbox"/> <b>Tour A</b> (limit 50) – Advance Care at Illinois Masonic and Diagnostic Platform and Cancer Care Center	Sunday, 7/28	9:00 am – Noon	\$50
<input type="checkbox"/> <b>Tour B</b> (limit 50) – New Illinois Masonic Outpatient Center and New Outpatient Care Facility (recent conversion from retail business center)	Sunday, 7/28	9:00 am – Noon	\$50

**TOTAL AMOUNT DUE:** \_\_\_\_\_

## PAYMENT information:

Mail Checks to ACHA ● P.O. Box 723248 ● Atlanta, GA 31139

- **Registration deadline is July 1, 2019.**
- Fees include all educational programs and meals as listed in the agenda unless listed differently.
- A separate form is required for each registrant.
- A cancellation fee of \$100.00 will apply to all requests made in writing by July 1. No refunds after the deadline.
- For registration questions, [acha-info@kellencompany.com](mailto:acha-info@kellencompany.com).