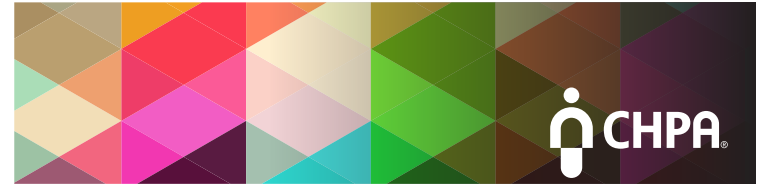




CHPA'S ANNUAL EXECUTIVE CONFERENCE

REGISTRATION FORM



For more information or to register online, visit chpa.org/AEC.

Sunday-Wednesday, March 11-14, 2018

REGISTRANT INFORMATION

First Name	M.I.	Last Name	Suffix (M.D., Ph.D., etc.)	Badge Nickname
Title		Company		
Address		City	State	Zip Code
Phone	Fax	Registrant E-mail Address (IMPORTANT: All confirmations and meeting updates will be sent electronically.)		
Spouse/Guest Full Name		Spouse/Guest Badge Nickname	Additional Family Names	

CONFERENCE REGISTRATION OPTIONS (Check all that apply.)

<input type="checkbox"/> Early-Bird Fee (before February 2, 2018)	\$ 3,100.00	<input type="checkbox"/> Standard Fee (after February 2, 2018)	\$ 3,600.00
<input type="checkbox"/> Additional Family Members # _____ (no additional fee)		<input type="checkbox"/> Golf Registration Form Total	\$ _____
<input type="checkbox"/> First-Time AEC Attendee		<input type="checkbox"/> Special Assistance _____	

TOTAL CONFERENCE FEES DUE

Total Fees: _____

Cancellations must be received by February 16, 2018, to receive a full refund.

FREE NETWORKING EVENTS (Check the events that you plan to attend and all applicable boxes.)

Welcome Reception & Dinner	<input type="checkbox"/> I will attend	<input type="checkbox"/> Spouse/Guest will attend	<input type="checkbox"/> Children will attend #___ (Sunday, March 11)
Community Service Project	<input type="checkbox"/> I will attend	<input type="checkbox"/> Spouse/Guest will attend	<input type="checkbox"/> Children will attend #___ (Sunday, March 11)
Opening Dinner Event	<input type="checkbox"/> I will attend	<input type="checkbox"/> Spouse/Guest will attend	<input type="checkbox"/> Children will attend #___ (Monday, March 12)
Reception Hosted by CHPA Board of Directors	<input type="checkbox"/> I will attend	<input type="checkbox"/> Spouse/Guest will attend	<input type="checkbox"/> Children will attend #___ (Tuesday, March 13)

WAIVER OF LIABILITY: By choosing to engage in this CHPA-sponsored meeting, I agree to release, discharge and hold harmless CHPA and its officers, directors, employees, and members from any or all liability that may arise, directly or indirectly, by reason of any injury, damage, loss or experience incurred in connection with my participation in the event.

PAYMENT INFORMATION

Visa MasterCard American Express Check payable to CHPA (after February 16, 2018, no checks; **credit cards** only)

Name	Card Number	Security Code	Signature	Exp.
FOR OFFICE USE ONLY	Rec'd _____	Ck# _____	Amt _____	Conf _____
	<input type="checkbox"/> ACT	<input type="checkbox"/> ASSOC	<input type="checkbox"/> GST	<input type="checkbox"/> BD
	<input type="checkbox"/> SPKR	<input type="checkbox"/> PRESS		