



The Advisory Council on Historic Preservation 2015 Registration Form – Group Form

THE SECTION 106 ESSENTIALS

2 Easy Ways to Register!

Fax your completed form to 202-517-6381

Mail your completed form to:

Cindy Bienvenue
ACHP
401 F Street NW
Suite 308
Washington DC 20001

2015 Dates & Locations

February 24-25
Washington, DC

April 21-22
Scottsdale, AZ

May 5-6
Washington, DC

July 7-8
Pierre, SD

August 11-12
Washington, DC

September 9-10
Seattle, WA

November 5-6
Washington, DC

[Questions???](#) Contact
[Cindy Bienvenue at 202-517-0202 or email](#)
cbienvenue@achp.gov

Registration Information - *A form must be submitted for each registrant

Registrant: _____
(Last Name) (First Name) (MI)

Position Title: _____

Agency/Business Name: _____

Agency/Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (with area code): _____

E-mail Address (receiving course confirmation): _____

Course Information

Preferred Course Date: _____ Course Location: _____

Name on Certificate: _____
(Please type your name, as you would like it to appear on your certificate.)

Payment Information - *payment must be received with registration*

- | | |
|--|--|
| <input type="checkbox"/> 1 st registrant = \$495.00 | <input type="checkbox"/> 5 th registrant = \$450.00 |
| <input type="checkbox"/> 2 nd registrant = \$450.00 | <input type="checkbox"/> 6 th registrant = \$375.00 |
| <input type="checkbox"/> 3 rd registrant = \$450.00 | <input type="checkbox"/> 7 th registrant = \$375.00 |
| <input type="checkbox"/> 4 th registrant = \$450.00 | <input type="checkbox"/> 8 th registrant = \$375.00 |

Payment: *Groups must pay via credit card or check. Purchase orders are not accepted
 Discover Visa MasterCard American Express
 Check, payable to ACHP, Section 106 Essentials. Check must be accompanied by registration form

Credit Card Payment Information

Name on the card (please print): _____
(Last Name) (First Name) (MI)

Agency/Business Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address (for payment receipt): _____

***Once credit card is processed, you will receive an email receipt from Pay.gov.**

Card# _____ Exp. Date: _____

Signature: _____ Date: _____

For Federal offices only: The registration cannot be processed without the following information:

Treasury Account Symbol (TAS): _____ (Your accounting office will have this #)

Cancellations: Registrants who cancel at least 14 days prior to the start of the course will receive a full refund minus a 15% processing fee. No refunds will be given for cancellations made fewer than 14 days before the start of the course; however, substitutions may be made at no cost up until three days before the course begins. All cancellations must be made in writing.