



The Advisory Council on Historic Preservation 2016 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**

2016 Dates & Locations

February 23-24
Washington, DC

April 19-20
Anchorage, AK

May 24-25
Philadelphia, PA

July 12-13
Denver, CO

August 23-24
Washington, DC

October 4-5
Washington, DC

November 15-16
Houston, TX

Accessibility: The ACHP schedules all courses in facilities that meet federal accessibility requirements. Registrants with special accessibility needs should contact Cindy Bienvenue @ 202-517-0202.

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

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 Agencies: 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.

Questions: Contact Cindy Bienvenue at 202-517-0202 or cbienvenue@achp.gov