



The Advisory Council on Historic Preservation 2007 Registration Form – Group Form

THE SECTION 106 ESSENTIALS

2 Easy Ways to Register!

Fax your completed form
to (202)-606-5073

Mail your completed
form to:

Cindy Bienvenue
ACHP
1100 Pennsylvania Avenue,
NW, Suite 803
Washington, DC 20004

2007 Dates & Locations

- ❖ February 6-7
Tempe, AZ
- ❖ March 14-15
Orlando, FL
- ❖ April 11-12
Chicago, IL
- ❖ May 30-31
Washington, DC
- ❖ June 12-13
Boise, ID
- ❖ July 10-11
New York, NY
- ❖ August 28-29
Honolulu, HI
- ❖ October 1-2
St. Paul, MN

Registration Information - *You must fill out a form 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): _____

Fax 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.)

Where did you hear about this course?

Email Website Colleague

Payment Information - *payment must be received with registration*

- | | |
|--|--|
| <input type="checkbox"/> 1 st registrant = \$450.00 | <input type="checkbox"/> 5 th registrant = \$400.00 |
| <input type="checkbox"/> 2 nd registrant = \$400.00 | <input type="checkbox"/> 6 th registrant = \$325.00 |
| <input type="checkbox"/> 3 rd registrant = \$400.00 | <input type="checkbox"/> 7 th registrant = \$325.00 |
| <input type="checkbox"/> 4 th registrant = \$400.00 | <input type="checkbox"/> 8 th registrant = \$325.00 |

Payment: *Groups must pay via credit card or via 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 (continued)

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: _____

Cancellations: Must be made 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 202-606-8521 or email cbienvenue@achp.gov