



# The Advisory Council on Historic Preservation 2014 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

### 2014 Dates & Locations

March 11-12  
Washington, DC

May 20-21  
Salt Lake City, UT

June 10-11  
Washington, DC

August 19-20  
Albuquerque, NM

September 9-10  
Washington, DC

September 16-17  
Oakland, CA

November 11-12  
Savannah, GA

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

**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.

**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.

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