



The Advisory Council on Historic Preservation 2011 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

2011 Dates & Locations

February 10-11
Washington, DC

April 5-6
Mobile, AL

May 17-18
Portland, OR

July 19-20
Honolulu, HI

September 20-21
Albuquerque, NM

October 18-19
Buffalo, NY

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.)

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 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

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 @ 202-606-8521.

Questions??? Contact Cindy Bienvenue at 202-606-8521 or email cbienvenue@achp.gov