

# REGISTRATION FORM – 2017 AHSE Convention – April 20-23, 2017

~ ~ Please fill out both pages of this form and complete one form per registrant. ~ ~

Mail completed form to: AHSE, 925 Golden Gate Drive, Napa CA 94558-9601

Registrant's Name: \_\_\_\_\_

**Room availability is limited, please register as soon as possible.** AHSE can only guarantee room and/or meals availability for registrations AHSE receives before 48 hours prior to the Convention. For more information, call Susan Koenig at 510-848-4129.

**Our Thursday "recalibration day" is open only to AHSE Members. ASSOCIATE Members wanting to attend must first read the SPECIAL NOTE on the "Annual Convention" page in the "Our Association" menu at [www.hannasomatics.com](http://www.hannasomatics.com).**

| ALL AHSE MEMBERS<br>Except ASSOCIATE Members                      | Registration<br>by April 7 | Registration<br>after April 7 | Subtotals |
|---|----------------------------|-------------------------------|-----------|
| Convention 4-Days (Thu-Sun includes on-site room and three meals) | \$900                      | \$1,050                       | \$ _____  |
| Convention 3-Days (Fri-Sun includes on-site room and three meals) | \$775                      | \$925                         | \$ _____  |

| AHSE ASSOCIATE MEMBERS  | Registration<br>any date |          |
|---|--------------------------|----------|
| Convention 4-Days (Thu-Sun includes on-site room and three meals) | \$1,050                  | \$ _____ |
| Convention 3-Days (Fri-Sun includes on-site room and three meals) | \$925                    | \$ _____ |

| DAY RATES<br>All Members and Public (non-members)             | Member<br>Registration<br>any date | Public<br>Registration<br>any date |          |
|---|------------------------------------|------------------------------------|----------|
| Thursday: Members Only (includes lunch only; no on-site room) | \$150                              | Closed to Public                   | \$ _____ |
| Friday: Open to All (includes lunch only; no on-site room)    | \$150                              | \$200                              | \$ _____ |
| Saturday: Open to All (includes lunch only; no on-site room)  | \$150                              | \$200                              | \$ _____ |
| Sunday: Open to All (includes lunch only; no on-site room)    | \$150                              | \$200                              | \$ _____ |

**ADDITIONAL FEES and REQUESTS**  
All "included" on-site rooms are double occupancy!!! For single occupancy rooms, read below.

|   |          |
|---|----------|
| <input type="checkbox"/> I would like to share a room with:   |          |
| <input type="checkbox"/> <b>Extra meals:</b> If you request extra meals by April 11, AHSE can guarantee their availability. After April 11, you must check extra meal availability with Susan Koenig 510-848-4129.<br><b>For each extra meal you want, circle the days you want it, and write their total cost on the right.</b><br><b>Breakfast:</b> Thu, Fri, Sat, Sun = \$15/meal; <b>Lunch:</b> Thu, Fri, Sat, Sun = \$21/meal; <b>Dinner:</b> Thu, Fri, Sat, Sun = \$30/meal | \$ _____ |
| <input type="checkbox"/> <b>Single occupancy rooms may be available on a space available basis. Circle the nights you want and write total cost on right:</b> Arrive early Wed night for 4-day registration or on Thu night for 3-day registration; or Sun night extended departure = \$165/night; Thu, Fri, Sat nights for either 4-day or 3-day registrations = \$65 extra/night  | \$ _____ |

|   |          |
|---|----------|
| <b>YOUR REGISTRATION COST TOTAL:</b> Add up all the "Subtotals" and enter the Total on this line -> | \$ _____ |
|---|----------|

**Acceptable Forms of Payment:**

- **Credit or Debit Card**—To pay by credit or debit card, please visit the AHSE website [www.hannasomatics.com](http://www.hannasomatics.com), then place your cursor on the **Our Association** tab, and click **Annual Convention** for instructions for paying with a credit or debit card.
- **Check or Money Order**—Make your check or money order payable to "AHSE", enclose it with your completed Registration Form, and mail it by US Post to: AHSE, 925 Golden Gate Drive, Napa CA 94558-9601.

# Special Dietary Needs

## AHSE Convention

Most of our registrants have found the food to be really wonderful in the past. We arrange food with the facility's caterer about one month before our Convention. However, if you have special dietary needs, please provide us with the following information.

Although we will do our best to make arrangements for your special dietary needs, we cannot guarantee that the facility's caterer will be able to meet your needs. If it looks like some of your dietary needs cannot be met, we will contact you.

**Please write legibly when providing all the information below:**

**Contact information** — so we can easily get in touch with you if necessary:

Name:

Phone:

Email:

**Special Dietary Needs:**

Breakfast:

Lunch:

Dinner:

Other:

If you feel that you would like to discuss your special dietary needs more specifically, then please contact Susan Koenig at 510-848-4129 or at [susankoenig@earthlink.net](mailto:susankoenig@earthlink.net) **by April 11, 2017 !**