

REGISTRATION FORM – 2018 AHSE Convention – April 19-22, 2018

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

Mail completed form to: AHSE, 2137 Penny Lane, Napa CA 94559-3602

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 Recalibration Day on Thursday 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.

ALL AHSE MEMBERS Except ASSOCIATE Members	Registration by April 8	Registration after April 8	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 any date	Subtotals
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 All Members and Public (non-members)	Member Registration any date	Public Registration any date	Subtotals
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.

I would like to share a room with: _____

Extra meals: If you request extra meals by April 8, AHSE can guarantee their availability. After April 8, you must check extra meal availability with Susan Koenig 510-848-4129.
For each extra meal you want, circle the days you want it, and write their total cost on the right.
Breakfast: Thu, Fri, Sat, Sun = \$15/meal; Lunch: Thu, Fri, Sat, Sun = \$20/meal; Dinner: Thu, Fri, Sat, Sun = \$30/meal

\$ _____

Single occupancy rooms may be available on a space available basis. Circle the nights you want and write total cost on right: 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

\$ _____

YOUR REGISTRATION COST TOTAL: Add up all the Subtotals and enter the Total on this line ->	\$ _____
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Acceptable Forms of Payment:

- **Credit or Debit Card**—To pay by credit or debit card, please visit the AHSE website 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, 2137 Penny Lane, Napa CA 94559-3602.

AHSE Convention Refund Policy

AHSE's Convention refund amount is calculated according to the date when AHSE's administrator receives the convention registrant's refund request, in writing, according to the following schedule:

- 61 days or more before the event, AHSE refunds 80% of the registration fee paid.
 - 60 to 11 days before the event, AHSE refunds 60% of the registration fee paid.
 - 10 to 0 days before the event, AHSE refunds 0% (zero percent) of the registration fee paid.
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Special Dietary Needs

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 **by April 8, 2018 !**