



The Advisory Council on Historic Preservation 2008 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

2008 Dates & Locations

- ❖ January 16-17
Houston, TX
- ❖ March 12-13
Providence, RI
- ❖ April 8-9
Santa Fe, NM
- ❖ May 14-15
Washington, DC
- ❖ June 17-18
Pierre, SD
- ❖ July 8-9
San Diego, CA
- ❖ August 26-27
Seattle, WA
- ❖ September 3-4
Atlanta, GA
- ❖ October 20-21
Tulsa, OK

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 Brochure

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: Registrants cancelling 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