

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

2009 Dates & Locations

February 10-11 Washington, DC

March 12-13 Denver, CO

May 5-6 Indianapolis, IN

June 23-24 Flagstaff, AZ

August 18-19 Anchorage, AK

October 12-13 Nashville, TN

The Advisory Council on Historic Preservation 2009 Registration Form – Group Form

THE SECTION 106 ESSENTIALS

Registration Information - *You m Registrant: (Last Name) (First Position Title: Agency/Business Name: Agency/Business Address: City: State Phone Number (with area code): E-mail Address (receiving course confirmation): Course Information Preferred Course Date:Course	st Name) (MI) te: Zip Code: Fax Number (with area code):
Position Title: Agency/Business Name: Agency/Business Address: City: State Phone Number (with area code): E-mail Address (receiving course confirmation): Course Information	te: Zip Code:Fax Number (with area code):
Agency/Business Name: Agency/Business Address: City: State Phone Number (with area code): E-mail Address (receiving course confirmation): Course Information	Fax Number (with area code):
Agency/Business Address: City: State Phone Number (with area code): E-mail Address (receiving course confirmation): Course Information	Fax Number (with area code):
City: State Phone Number (with area code): E-mail Address (receiving course confirmation): Course Information	Fax Number (with area code):
Phone Number (with area code): E-mail Address (receiving course confirmation): Course Information	Fax Number (with area code):
E-mail Address (receiving course confirmation): Course Information	
Course Information	
	: Location
	e Location
Preferred Course Date:Course	e Location
Name on Certificate: (Please type your name, as you would like it to appear on your o	certificate)
	certificacy
Where did you hear about this course? □ Email □ Website	□ Colleague
Payment Information - *payment m	must be received with registration*
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☐ 1st registrant = \$495.00	□ 5 th registrant = \$450.00 □ 6 th registrant = \$375.00
□ 2 nd registrant = \$450.00 □ 3 rd registrant = \$450.00	☐ 6 th registrant = \$375.00 ☐ 7 th registrant = \$375.00
$\Box 4^{th} \text{ registrant} = \450.00	\square 8th registrant = \$375.00
Payment: *Groups must pay via credit card or via check	k. Purchase orders are not accepted
☐ Discover ☐ Visa ☐ Mas ☐ Check, payable to ACHP, Section 106 Essentials.	asterCard
Credit Card Payment Information Name on the card (please print):	n (continued)
(Last Name) (First	st Name) (MI)
Agency/Business Address:	
City: State	te: Zip Code:
E-mail Address (for payment receipt):*Once credit card is processed, you will receive an	email receipt from Pay.gov
Card#	
Signature:	Date
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Questions??? Contact Cindy Bienvenue at 202-606-8521 or email cbienvenue@achp.gov