

## 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 24 Portland, OR

March 24 Savannah, GA

April 16 Newport, RI

June 4 Honolulu, HI

July 28 July 29 Washington, DC

August 20 Anchorage, AK

September 24 Santa Fe, NM

## The Advisory Council on Historic Preservation

## 2009 Registration Form THE ADVANCED SECTION 106 SEMINAR

Course Information   Sayament   Colleague   Brochure		egistration Informati	on		
Agency/Business Name:  Agency/Business Address:  City: State: Zip Code:  Phone Number (with area code):  E-mail Address (receiving course confirmation):  Course Information  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?  Branail _ Website _ Colleague _ Brochure  Payment Information - *payment must be received with registration*    Single registrant = \$45.0.00	rtte	,	(First Name)	(MI)	
Agency/Business Address:  City: State: Zip Code:  Phone Number (with area code):  E-mail Address (receiving course confirmation):  Course Information  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	Pos	sition Title:			
City: State: Zip Code:  Phone Number (with area code):	Age	ency/Business Name:			
Phone Number (with area code):  Fax Number (with area code):  E-mail Address (receiving course confirmation):  Course Information  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*    Single registrant = \$450.00   Payment: *Note purchase orders are not accepted   American Express     Credit Card   Visa   MasterCard   American Express     Check, payable to ACHP, Section 106 Essentials. Check must be accompanied by registration form     Standard Form 182 Training Authorization, please be sure you have all the correct signatures and box 20 is filled in.  Credit Card Payment Information (continued)  Name on the card (please print):  (Last Name) (First Name) (MI)  Agency/Business Address:  City: State: Zip Code:  Phone Number (with area code):  E-mail Address (for payment receipt):  *Once credit card is processed, you will receive an email receipt from Pay.Gov  Card#	Age	ency/Business Address:			
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*Once credit card is processed, you will receive an email receipt from Pay.Gov  Card#Exp. Date:  Signature:Date:	Pho	one Number (with area code):			
Card#Exp. Date:           Signature:Date:				m Pay.Gov	
Signature: Date:	Card#				
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	Can No i	cellations: Registrants cancelling at least refunds will be given for cancellations ma lost up until three days before the course	14 days <u>prior</u> to the start of the course wil de <u>fewer</u> than 14 days before the start of the begins. All cancellations must be made in	I receive a full refund minus a 15% processing fee. ne course; however, substitutions may be made at a writing.	

accessibility needs should contact Cindy Bienvenue @ 202-606-8521.