




The Advisory Council on Historic Preservation 2012 Registration Form – Group Form – Early Bird

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

2012 Dates & Locations

February 2-3
Washington, DC

March 6-7
Reno, NV

April 17-18
Atlanta, GA

May 8-9
Des Moines, IA

June 5-6
Portland, ME

July 10-11
Anchorage, AK

August 23-24
Washington, DC

October 30-31
Spokane WA

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.)

Payment Information - *payment must be received with registration* Early bird rates effective through December 14

- | | |
|--|--|
| <input type="checkbox"/> 1 st registrant = \$495.00 (Early Bird \$450.00) | <input type="checkbox"/> 5 th registrant = \$450.00 (Early Bird \$425.00) |
| <input type="checkbox"/> 2 nd registrant = \$450.00 (Early Bird \$425.00) | <input type="checkbox"/> 6 th registrant = \$375.00 (Early Bird \$375.00) |
| <input type="checkbox"/> 3 rd registrant = \$450.00 (Early Bird \$425.00) | <input type="checkbox"/> 7 th registrant = \$375.00 (Early Bird \$375.00) |
| <input type="checkbox"/> 4 th registrant = \$450.00 (Early Bird \$425.00) | <input type="checkbox"/> 8 th registrant = \$375.00 (Early Bird \$375.00) |

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

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 who cancel 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](mailto:cbienvenue@achp.gov)