

82nd Annual Meeting Registration Form

June 6 – 8, 2018 | DoubleTree by Hilton Hotel Boston North Shore, Danvers, Massachusetts

NAME AND CONTACT INFORMATION

Registrant Name: _____

Title: _____ ACHE (Designation if applicable): _____

Badge Nickname _____ Organization: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Contact (if different than registrant): _____

REGISTRATION FEES (excludes meals)

- \$329.00 MHA Member Rate
- \$279.00 MHA Team Member Rate (3+ People)**
- \$2499.00 Non-Member Rate

ASSOCIATION OF HEALTHCARE EXECUTIVE ASSISTANTS REGISTRATION FEE

- \$99.00 AHEA Member Rate ***

**MHA Member Team Rate of \$279 per person applies for three or more registrants from the same organization registering at the same time. Please register directly with MHA Education to receive this special rate.

*** Please register directly with MHA Education to receive the AHEA Member Rate

LOCATION

DoubleTree by Hilton Hotel Boston North Shore, 50 Ferncroft Rd,
Danvers, MA
(978) 750-7974

HOTEL RATE: \$149/night + tax

To book online please click the following link.

Group Code: **MHA**

QUESTIONS?

Phone: (781) 262-6059

Email: acataldo@mhalink.org

FAX: (781) 262-6136

MAIL: CHECK PAYABLE TO MHA

Attn: Accounts Receivable

Massachusetts Health & Hospital Association

500 District Ave

Burlington, MA 01803

CANCELLATION POLICY: Written cancellations received by May 26, 2018, will be charged a \$50 administrative fee. If payment has been received, your registration fee will be refunded minus the \$50. Cancellations received after May 26, 2018 will still be charged the full registration fee and if payment has been received, no refunds will be given. To avoid this penalty you may send a substitute to the program.

Our membership meeting is held for our members, program participants, sponsors, and guests invited by MHA.

MEALS	# of People	Price per Person
Wednesday Dinner	_____	\$89.00
Thursday Lunch	_____	\$45.00
Thursday Dinner	_____	\$99.00
Friday Breakfast	_____	\$29.00
Meals Total		\$_____

SPOUSE REGISTRATION FEE

- \$99.00 Registration Fee

Spouse Name: _____

Registration and Meals Total \$_____

PAYMENT

- Check payable to Massachusetts Health & Hospital Association (MHA)
- Please send invoice
- I'd like to pay by credit card over the phone (MHA will contact you directly)*

Contact if different from registrant: _____

Phone: _____

*For security purposes, we are now only accepting credit card information over the phone.