



**CAAHEP Annual Meeting**  
**April 15-16, 2018 – Hyatt Regency– Louisville KY**  
**“CAAHEP Accreditation: The Gateway to the Future”**  
**Registration Form**



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Organization you are representing: \_\_\_\_\_

Are you a Commissioner or Commissioner Designate?     Yes     No

Are you a first-time attendee?     Yes     No

Please help us plan for the right number of attendees by indicating which events you plan to attend below.

Opening Luncheon (4/15)     Q&A Session with CoAs on 4/15     Welcome Reception (4/15)

Breakfast (4/16)     Awards Luncheon (4/16)

**PLEASE CHECK WHICH Q&A SESSION YOU WILL ATTEND**

EMT-Paramedic     Medical Assisting     Surgical Technology     Diagnostic Medical Sonography

Please specify any special dietary needs: \_\_\_\_\_

**Registration Fee: Full Registration    Before April 7, 2018 \$495.00 \_\_\_\_\_**

**Full Registration    After April 7, 2018 \$545.00 \_\_\_\_\_**

**One-Day April 15 (includes lunch & reception) \$250.00 \_\_\_\_\_**

**One-Day April 16 (includes breakfast & lunch) \$250.00 \_\_\_\_\_**

*If you must cancel your registration, to receive a refund, cancellations must be made in writing prior to **April 7, 2018**.*

*A \$50 processing fee applies to all cancellations.*

**A block of rooms has been reserved at the Hyatt Regency – Louisville until March 23, 2018. Make your reservations early!** A dedicated website is now available for you to book your hotel rooms online. Reservations can be made starting **January 20, 2018**, by calling **888-421-1442** or at the following web address: <https://aws.passkey.com/go/caahep2018annualmeeting>

**Special CAAHEP Room Rate \$179/single or double: Hyatt Regency Louisville - 311 S. Fourth Street, Louisville, KY 40202**

Please return this form with your check made payable to CAAHEP no later than **April 7, 2018** to:

**CAAHEP, 25400 US Highway 19 N, Suite 158, Clearwater, FL 33763 Questions? Call CAAHEP at (727) 210-2350 Ext 102**

If you wish to pay by credit card, please complete and fax the form to 727-210-2354 or email it to [cynthia@caahep.org](mailto:cynthia@caahep.org).

Name on credit card and Billing address (if different from above):

\_\_\_\_\_  
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<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express CC #: _____ Exp. date: _____ 3-digit Security Code: _____ Signature: _____
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