REGISTRATION FORM

16th Annual Conferenc No	e on The Futu ovember 17-18		i in America
OPTION #1 Conference Only:		person(s)	\$
□ OPTION #2 Conference & Luncl			\$ \$
OPTION #3 Awards Dinner:	\$90 x		\$ \$
OPTION #4 ALL EVENTS:	\$150 x		\$ \$
		Total	\$
I am unable to attend, but wan	t to help.		
Enclosed is my tax-deductible co	ontribution to help d	efray the conference	expenses. \$
	TOTAL PA	YMENT ENCLOSED	
My method of payment is: Check (paya	ble to AHIF) 🛛 VI	SA D MasterCard	American Express
Credit Card No:	Exp. Date:	Signature	
Name		Email	
Address			
City	Sta	te	Zip
Phone (office)	(home)		
Name of Guest (s)	OR FAX YOUR REGIS	TRATION FORM TO:	
AHIF, 1220 16th Street, N.W., W	ashington, DC 20036 •	Tel: 202-785-8430 Fax: 2	202-785-5178
HOTEL ACCOMMODATIONS: There are a limit in reserving a room at the hotel for a			
16th Annual Conference on Wilmington, DE • Nov. 17-18,		m in America	
1220 16th Street NW • Wash	ington, DC 20036		