



4th AHA Annual Membership Convention
November 15-19, 2006
Marriott Louisville Downtown
Louisville, Kentucky



REGISTRATION FORM

1. Please fill out a separate form for **each** individual.
2. Mail or Fax **before** November 3, 2006 (Must register onsite **after** November 3, 2006)
3. Online Registration is available at www.ArabianHorses.org

AHA # _____ Region # _____ Club # _____ Club Name _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip/Postal Code _____

Home # _____ Work # _____ Email _____

Registration Includes: Program, gift item, door prize tickets, name badge, admittance to General Session, Committee Meetings & Forums

Registration Type (select one):

VOTING

Delegate Director Executive Officer \$300

NON VOTING

Alternate Member Guest \$150

❶ Taste of Kentucky @ Kentucky Horse Park (Wednesday – 11/15/06) (Qty ____) \$45
 (Includes transportation, wine tasting & hors d'oeuvres 1:30pm – 7:00pm)

❷ Luncheon w/ Bill Brooke (Thursday – 11/16/06) (Qty ____) \$45

❸ Kentucky Country Evening @ Undulata Saddlebred Farm (Friday – 11/17/06) (Qty ____) \$50
 (Includes transportation, wine tasting & dinner)

❹ Presidents Banquet, Awards & Casino Night (Saturday – 11/18/06)
 Filet of Beef & Grilled Chicken Herb Breast (Qty ____) \$70
 Vegetarian (Qty ____) \$70

Discount Package (includes items ❶ through ❹ above) (Qty ____) \$195

AHA Qualifying Competition Rules Seminar (Show Secretary School) (Sunday – 11/19/06) \$75

Total Amount Included: \$ _____

Resolution Packet Distribution (must select one):
 Yes, Mail Resolution Packet (mailed October 1, 2006)
 No, Do Not Mail Resolution Packet – I will download resolutions from AHA website.

Refund Policy: All requests must be in writing to the AHA office in Aurora, CO. For meals – requests must be postmarked no later than 14 days before the first day of Convention. For Registration Fees – requests must be postmarked no later than 14 days after the last day of Convention. There will be a \$30 processing fee per registrant deducted from refund.

Method of Payment (U.S. Funds Only): Total Amount Due _____

Check Enclosed/Payable to AHASM – Check # _____ MasterCard Visa Expiration Date _____

Credit Card Number _____ Print Name (as it appears on credit card) _____

Cardholder's Signature _____ Credit Card Holder's Billing Address (Street, City, State, Zip/Postal Code) **(Mandatory)** _____