



**AHA Annual Membership Convention
November 16-21, 2020
Virtual Online
REGISTRATION FORM**

1. Online Registration is available at www.ArabianHorses.org
2. Please fill out a separate form for **each** individual
3. Mail or Fax this form on or **before** November 2, 2020 - Fax (303) 696-4599
4. All registrations after November 3rd through November 16th must be done online
5. Registration closes on November 16th at midnight

AHA # _____ Region # _____ Club # _____ Club Name _____
 Last Name _____ First Name _____
 Address _____
 City _____ State _____ Zip/Postal Code _____
 Home # _____ Work # _____ Email _____

Best Deal!
EARLY BIRD
Regular
 Postmarked by 11/2/20

Registration Type (select one): _____ (check items in applicable column)

VOTING

Delegate Director \$175..... \$225

NON-VOTING

Alternate Member \$35..... \$50

*Non-Members must purchase an AHA Membership for \$50 and then register at the member rate

AHA Membership \$50

Presidential Awards Banquet - (Friday 11/20 at 6:00 pm MT on Grit Productions hosting site)

..... no charge..... no charge

Total Amount Included: \$ _____ \$ _____

Resolution Packet Distribution (must select one):

Yes, Mail Resolution Packet (mailed October 15, 2020)

No, Do Not Mail Resolution Packet – I will download resolutions from AHA website.

Refund Policy: All requests must be in writing either by mail to the AHA office in Aurora, CO or via email at Info@ArabianHorses.org. Requests for refunds on REGISTRATION FEES must be postmarked no later than November 16th. There will be a \$30 processing fee per registrant deducted from refund. **3% Convenience Fee will be added by AHA to payments made by Credit Card. The Convenience Fee charge does not apply if the customer submits payment by cash, check, or money order. *****

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

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

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

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