

(please complete one form per attendee)

Mail or fax registration form before December 6, 2021 with payment to: UPHA, 4059 Iron Works Parkway, Suite 2, Lexington, KY 40511, or fax to (859) 255-2774. To register online visit: <a href="https://www.uphaonline.com">www.uphaonline.com</a>.

First Name:	Last Name:			
Address:	City:		State:	Zip:
Phone #: Email:				
Packages				
☐ Gold Level (save \$186.00)				
Includes all meetings, educational forums, three continental b Luau.	oreakfasts, three o	awards luncheor	ns, two awards dir	nners, and Discovery Cov
By 12/6/21\$499.00 After 12/6/21\$550.00				
Specify which three luncheons: ☐ Thursday ☐ YES, I will be taking the bus to Discovery Cove (We		□Saturday-	ASHBA	□Saturday-AMH#
☐ Silver Level (save \$156.00)				
Includes all meetings, educational forums, three continental Luau.	breakfasts, one o	awards luncheoi	n, two awards din	ners, and Discovery Cov
By 12/6/21\$399.00 After 12/6/21\$450.00				
Specify which (one) luncheon: □Thursday □Fric	day	☐Saturday-	ASHBA	☐Saturday-AMH
☐ YES, I will be taking the bus to Discovery Cove (We	d PM).			
11. 005-				
A la Cârte				
Everyone must pay registration fee to attend meal fur	nctions, meeting	gs, educationa	I forums, and D	iscovery Cove Luau.
		By 12/6/21	Afte	er 12/6/21
☐ Adult Registration		\$100.00	\$20	
(includes all meetings, educational forums, three contin	nental breakfast	:s)		
☐ Youth Registration (17 years old or under)		\$50.00	\$75	.00
(includes all meetings, educational forums, three contin	nental breakfast	:s)		
☐ Luau at Discovery Cove		\$100.00	\$15	0.00
YES, I will be taking the bus to Discovery Co	ove (Wed. PM)			
☐ Thursday Lunch		\$65.00	\$85	
☐ Thursday Dinner		\$140.00	\$16	
☐ Friday Lunch		\$65.00	\$85	
ASHBA Saturday Lunch		\$65.00	\$85	
AMHA Saturday Lunch		\$65.00	\$85	
☐ Saturday Dinner		\$150.00	\$17	0.00
<b>Refund Policy</b> : Cancellations must be made in writing no later than date, or for conference no-shows. Refunds will not be processed up			ll be issued on cance	ellations received after this
Method of Payment: A 4% convenience fee will be added to all cr	endit oard transact's			
Check Enclosed/Payable to UPHA Check #	□Visa	MasterCard	□Amex	
Credit Card Number	Expiration Date		CVV Code	_
Billing Address of Card (mandatory)				
Print Name (as it annears on credit card)	Cardholder's Signat	ure		