

ARABIAN HORSE ASSOCIATION



2022 | CONVENTION | MYRTLE BEACH, SC

AHA Annual Membership Convention

November 9-12, 2022

Sheraton Hotel

Myrtle Beach, South Carolina

REGISTRATION FORM

1. Please fill out a separate form for **each** individual.
2. Mail or Fax **by** October 16, 2022 (Must register online **after** October 16, 2022)
3. Online Registration is available at www.ArabianHorses.org
4. All Meal Registration are due by October 16, 2022 (this includes Trivia Night, Luncheon and Awards Banquet)

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 9/15/22	Postmarked by 10/16/22

Registration Type (select one): (circle items in applicable column)

VOTING

- Delegate Director Executive Officer\$225.....\$325

NON-VOTING

- Alternate Member Guest\$100.....\$150
- Trivia Night – Wednesday 11/9 – Cash Bar with Hors d’oeuvres.....\$25.....\$35
- Benefitting the Horseman’s Distress Fund
- Luncheon - Thursday 11/10 with Special Guest Judges Panel.....\$45.....\$55
- Presidential Awards Banquet - Friday 11/11.....\$75.....\$85

Total Amount: \$ _____ \$ _____

Resolution Packet Distribution (must select one):

Yes, Mail Resolution Packet (mailed September 26, 2022)

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 ConventionCoordinator@ArabianHorses.org. Requests for refunds on MEALS must be postmarked no later than October 26th. Requests for refunds on REGISTRATION FEES must be postmarked no later than November 2nd. There will be a \$30 processing fee per registrant deducted from refund...***** A 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): 3% Convenience Fee (cards only) _____ Total Amount Due: _____

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

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)** _____