

# How to Register for a Virtual Face-to-Face Event

Log into your My ACHE and click on the registration link. Note: if you're not a member, you need to create an ACHE account before registering (see red arrow).



[Join ACHE](#)

[Contact Us](#)

[Membership Directory](#)

[Blog](#)

[Donate](#)

[LOGIN](#)

[ABOUT ACHE](#)

[FACHE](#)

[LEARNING CENTER](#)

[CAREER RESOURCE CENTER](#)

[CHAPTERS](#)

[MEMBERSHIP](#)

## — Sign In or Create an Account

Please Log In Or Create A New Account

### Log In

Email:

Password:

Remember me

Uncheck if on a public computer

[LOGIN](#)

[Forgot Your Password?](#)

[Create An Account](#)

[Lookup Email on File](#)

### Create an **ache.org** Account

Create an **ache.org** account to: 

- Apply for Membership
- Post a Job
- Post or Search for a Postgraduate Fellowship
- Purchase Books
- Request Exam Copies
- Register for Events



Enter your information and click Add To Cart (see red arrow).

Member ID#

 American College of Healthcare Executives  
*for leaders who care®*

[Join ACHE](#) [Contact Us](#) [Membership Directory](#) [Blog](#) [Donate](#)

Hello,

[ABOUT ACHE](#) [FACHE](#) [LEARNING CENTER](#) [CAREER RESOURCE CENTER](#) [CHAPTERS](#) [MEMBERSHIP](#)

## Online Store

### ACHE Event Registration

[Event Information](#)

Event: **Equity of Care**

Start date: 10/22/2020

End date: 10/22/2020

[Registrant Information](#)

Registrant name:

Organization Name: American College of Healthcare Executives

Phone:

Email:

Address:    **Required**

The information below will be used for this event registration only. To change your general ACHE profile information, visit your MyACHE account.

Event Fees

	Product	Price	Member Type	Category
<input checked="" type="checkbox"/>	Equity of Care	0.00	[Any]	

0.00



By registering for an ACHE event you agree to permit audio, video and photographic recording of your participation in ACHE programming, and you authorize ACHE to use any audio, video and photographic recording of you at the event(s) in any format and for any lawful purpose, including such purposes as editorial, publicity, illustration, advertising and web content. You hereby waive your right to inspect and/or approve any finished product.

Verify the item (event) is correct and click Check-Out (see red arrow).

Member ID# [REDACTED]

 [Join ACHE](#) [Contact Us](#) [Membership Directory](#) [Blog](#) [Donate](#) Hello, [REDACTED]

[ABOUT ACHE](#) [FACHE](#) [LEARNING CENTER](#) [CAREER RESOURCE CENTER](#) [CHAPTERS](#) [MEMBERSHIP](#)

## Online Store

### Shopping Cart

[CONTINUE TO SHOP](#) [CHECK-OUT](#)

Cart Line Items ✕

net total	discount	price	quantity	item
0.00	0.00	0.00 <i>Required</i>	<input type="text" value="1.000"/> <i>Required</i>	Equity of Care

#### Cart Total

Subtotal: **0.00**

Total discount: 0.00

Total tax: 0.00

Total shipping: 0.00

Total: **0.00**

Total Paid: **0.00**

Balance Due: **0.00**

#### Discounts

Have discount code?  
Enter it here.  [APPLY](#)

Have a coupon or discount pass?  
Apply here. [APPLY YOUR COUPON OR PASS HERE](#)  
*Includes L2L, Early Careerist and Webinar Pass.*

[CONTINUE TO SHOP](#) [CHECK-OUT](#) 

Enter/verify your information and click Continue (see red arrow).

Member ID# [redacted]

 American College of Healthcare Executives  
*for leaders who care™*

[Join ACHE](#) [Contact Us](#) [Membership Directory](#) [Blog](#) [Donate](#) | Hello, [redacted] 

[ABOUT ACHE](#) [FACHE](#) [LEARNING CENTER](#) [CAREER RESOURCE CENTER](#) [CHAPTERS](#) [MEMBERSHIP](#)

## Online Store

### Shopping Cart

[CONTINUE](#)

**Customer Information**

Customer: [redacted]

Use this phone: [redacted]  

Use this email: [redacted]  

**Billing Information**

Bill to: [redacted]

Pick your billing address: [redacted]   **Required**

**Payment Information**

Payment amount: 0.00

[CONTINUE](#) 

Verify your information is correct and click Submit Order (see red arrow).

Member ID# [REDACTED]

 [Join ACHE](#) [Contact Us](#) [Membership Directory](#) [Blog](#) [Donate](#) Hello, [REDACTED] ▾

[ABOUT ACHE](#) [FACHE](#) [LEARNING CENTER](#) [CAREER RESOURCE CENTER](#) [CHAPTERS](#) [MEMBERSHIP](#)

## Online Store

### Shopping Cart

[EDIT PAYMENT](#) [SUBMIT ORDER](#)

Your order is not complete. Please click "Submit Order" to finalize your transaction.

Order Line Items								
Item	Quantity	Price	Tax	Shipping	Discount	Net Total	Paid Amount	Balance Due
Equity of Care	1.0000 <i>Required</i>	0.00 <i>Required</i>	0.00	0.00	0.00	0.00	0.00	0.00

#### Billing/Shipping Information

Standard Shipping is 7-10 days. Rush shipping service is available for phone orders only for an extra charge. To order, call (301) 362-6905.

Customer name: [REDACTED]  
Billing name: [REDACTED]  
Phone: [REDACTED]  
Email: [REDACTED]

#### Payment Information

Subtotal: 0.00  
Tax: 0.00  
Shipping: 0.00  
Net-balance: 0.00  
Discount: 0.00  
Payment amount: 0.00  
Total: **0.00**  
account number:

Your order is not complete. Please click "Submit Order" to finalize your transaction.

[EDIT PAYMENT](#) [SUBMIT ORDER](#) 