

# 14th Annual Conference on the Science of Dissemination and Implementation

Co-hosted by National Institutes of Health and AcademyHealth

December 15-17, 2021 | A Virtual Event

## REGISTRATION FORM

### Step 1. Provide Registrant Information

Prefix First name

Last name

First name as you'd like it to appear on badge:

Same as above  Other

Degree(s)

Job title

Department

Organization name

Primary address

City

State/Province

Zip/Postal code

Country

Phone

Email

Assistant's email (optional)

#### Primary Field

- Clinical Practice  Health Policy  Teaching  
 Dissemination/Implementation Research  Health Services Research  Other  
 Health Care Administration  Implementation Practice

### Step 2. Select the Applicable Conference Registration Rate

| Registration Type                       |                                |
|---|--------------------------------|
| Member   Speaker Member                 | <input type="checkbox"/> \$225 |
| Non Member   Speaker Non Member         | <input type="checkbox"/> \$300 |
| Federal Government Individual   Speaker | <input type="checkbox"/> \$175 |

### Step 3. Payment

Conference registration \$

Check or original purchase order made payable to AcademyHealth enclosed. (Must be mailed or emailed as a pdf file. Faxes not accepted.)

**AcademyHealth Tax ID Number: 52-1260918**

Please charge my credit card

- Visa  MasterCard  
 Discover  American Express

Credit Card#

Exp. Date

Cardholder Name

Signature

#### Federal Government Registration Rate

To qualify for the federal government agency rate, you must be employed by the federal government and must register using your .gov e-mail address. This offer is not valid for government-funded or government-sponsored organizations/universities, or local or state government agencies.

#### Trainee Discount Requirements

Individuals enrolled in a full-time Ph.D. program, Post-doctoral fellowship, or Master's Degree program are eligible for the trainee discount of \$50 off the registration fee. Trainees are required to supply a letter from their training Program Director at the time of registration to receive the discount. The letter must state active dates of student or fellowship terms. Registration forms submitted without a letter of support will not be processed.

#### Special Needs

 **Accessibility:** Please contact [specialneeds@academyhealth.org](mailto:specialneeds@academyhealth.org) to discuss any special needs and accessibility questions.



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