

REGISTRATION FORM

1. Registrant Information

Prefix _____ First name _____
 Last name _____
 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 _____ Twitter handle _____
 Assistant's email (optional) _____

Primary Field

- Clinical Practice Health Policy Teaching
 Health Care Administration Health Services Research Other

2. Optional: Add or Renew Your Membership

Join or renew to receive discounted member registration rates

- Regular \$200 International \$200 Fellow \$115 New Professional \$115 Student \$45

For information about the membership categories, please visit www.academyhealth.org/membership

Discounted Journal Rates for AcademyHealth Individual Members**

- Health Affairs* (U.S. only) \$132
 Health Affairs (Students, U.S. only) \$94
 Health Affairs (International, including Canada) \$222
 Health Services Research \$65

**Membership payment required in order to receive discounted subscription rates. Rates valid through December 31, 2021.

3. Select the Applicable Conference Registration Rate

	Member	Non-Member
Individual	<input type="checkbox"/> \$495	<input type="checkbox"/> \$750
Organizational Affiliate	<input type="checkbox"/> \$495	N/A
Fellow/New Professional	<input type="checkbox"/> \$495	N/A
Student	<input type="checkbox"/> \$300	N/A
*Speaker	<input type="checkbox"/> \$350	<input type="checkbox"/> \$600

*Speakers must become members prior to registration or pay the higher "non-member" speaker rate to obtain membership in order to present.

4. Calculate Your Payment

Membership	\$ _____
Journal subscription	\$ _____
Conference registration	\$ _____
Total	\$ _____

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**

Submitted form without payment will not be processed.

- Please charge my credit card
 Visa MasterCard Discover American Express

Credit Card # _____

Exp. Date _____

Cardholder Name _____

Signature _____

AcademyHealth Code of Conduct

AcademyHealth is committed to providing a safe, hospitable and productive environment for everyone attending our meetings and events. We are committed to providing a harassment-free environment for everyone, regardless of gender, sexual orientation, gender identity, ethnicity, religion, disability, physical appearance, or other group identity. As such, AcademyHealth prohibits intimidating, threatening or harassing conduct during or in connection with our meetings and events based on these and any other protected characteristics under applicable federal, state or local law. This includes but is not limited to stalking, intimidation, unwanted or inappropriate contact, unwelcome sexual attention, harassing photography or recording, and sustained disruption of events, as well as encouraging any such behavior by others. This prohibition applies to all participants, including attendees, speakers, staff, exhibitors, and volunteers. If an individual engages in any prohibited behavior as described in this Code, AcademyHealth reserves the right to remove the individual from the meeting or event without warning or refund, prohibit attendance at future AcademyHealth meetings and events, notify the individual's employer, and/or take other disciplinary action against the individual and his/her employer. Retaliation for reporting prohibited behavior under this Code is considered a violation of this Code, as is reporting an incident in bad faith.

Cancellations

Cancellations must be received in writing by Wednesday, May 19 in order to receive a refund, less a \$100 processing charge. Registration fees for canceled registrants may not be applied to future AcademyHealth meetings. Submit cancellation requests to registrations@academyhealth.org.