

# **REGISTRATION FORM**

Seattle Convention Center | Seattle, WA | June 24-27, 2023

# **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	
Organization name	
Primary address	
City	State/Province Zip/Postal code
Country	
Email	
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 \$275	International \$275	Fellow \$175	□ New Professional \$175	

□ Retiree - \$100 □ Patient Collaborator \$45 □ Student \$75

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

#### Discounted Journal Rates for AcademyHealth Individual Members<sup>tt</sup>

□ Health Services Research \$65 \*\*Membership payment required in order to receive discounted subscription rate.

In-Person Registration	Early Reg by 5/1	Standard Reg by 6/23	On-site 6/24 - 6/27
Individual Member	□ \$995	□ \$1,095	<b>🗖</b> \$1,195
Org Affilitate	□ \$995	<b>□</b> \$1,095	<b>D</b> \$1,195
Individual Non-Member	□ \$1,295	<b>□</b> \$1,395	<b>🗖</b> \$1,495
New Professional	□ \$665	□ \$765	<b>🗖</b> \$865
Fellows	□ \$665	□ \$765	<b>🗖</b> \$865
Students-Members	□ \$495	□\$495	<b>□</b> \$495
Speakers			
Member			□ \$665
Non-Members			<b>□</b> \$965
Student			□ \$495

#### Standard by 6/23 and onsite 6/24-27

Daily	Rate
Member	<b>D</b> \$525
Member (onsite)	<b>🗆</b> \$575
Non-Member	□ \$825
Non-Member (onsite)	<b>- \$</b> 875

# **4.** Optional: Add a Seminar or Workshop

June 23 - 8:00 a.m. - 5:00 p.m June 24 - 8 a.m. - 12 p.m. - June 24 - 8 a.m. - 12 p.m.

#### Sat., June 24 - 8:00 a.m. - 12 p.m.

Practical Insights from U.S. Department of Veteran Affair's Whole Health Transformation

# **5.** Note Any Special Requests

# Dietary: All dietary request are guaranteed.

vegetarian meals

- vegan meals
- gluten-free meals
- kosher meals
- □ other \_\_\_\_\_

# 6. Calculate Your Payment

Membership	\$
Journal subscription	\$
Conference registration	\$
Seminar or a Workshop	\$
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

<ul> <li>Please charge my credit card</li> <li>Visa</li> <li>American Express</li> </ul>	☐ MasterCard	Discover
Credit Card#		
Exp. Date		
Cardholder Name		

Signature

## Cancellations

**Cancellations for 2023 ARM registration must be received in writing by May 26, 2023** in order to receive a refund, less the \$100 processing fee for the main ARM meeting and \$50 processing fee for any pre-events, workshops, or adjunct meetings. No refunds will be issued for cancellations received after May 26. Registration fees for cancelled registrants may not be applied to future AcademyHealth Meetings.

## **Photo Release**

From time to time we use photographs of conference participants in our promotional materials. By virtue of your attendance at the 2023 Annual Research Meeting, AcademyHealth reserves the right to use your likeness in such materials.

## **Conduct Requirements During COVID-19**

AcademyHealth is committed to providing a safe and healthy environment for all event participants and staff. In addition to our Code of Conduct, all participants are expected to adhere to and abide by the safety precautions AcademyHealth has implemented to protect against the spread of COVID-19 such as producing proof of vaccination, adherence to health and safety signage, self-monitoring, and self-reporting. As with our Code of Conduct, refusal to adhere to these policies and abide by these precautions may result in immediate removal from an AcademyHealth event and cancellation of the registration, without receiving a refund.

## **Substitutions**

All substitutions will be assessed a \$50 processing fee. Substitutions will be accepted only once per registrant and must include written notification from the original registrant and a completed registration form for the substitute participant. If a non-member substitutes for a member, the non-member rate applies. Requests should be sent to registrations@academyhealth.org.



Accessibility: Please contact specialneeds@academyhealth.org to discuss any special needs and accessibility questions.