

ANNUAL RESEARCH MEETING

TODAY'S RESEARCH DRIVING TOMORROW'S OUTCOMES

Minneapolis Convention Center | Minneapolis, MN | June 7-10, 2025

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 _____

Emergency Contact Name: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

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

REGISTRATION FORM

In-Person Registration	Early Reg by 4/14	Standard by 6/6	On-site 6/7 - 6/10
Individual Member	<input type="checkbox"/> \$1,025	<input type="checkbox"/> \$1,125	<input type="checkbox"/> \$1,225
Org Affiliate	<input type="checkbox"/> \$1,025	<input type="checkbox"/> \$1,125	<input type="checkbox"/> \$1,225
Individual Non-Member	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,450	<input type="checkbox"/> \$1,550
New Professional	<input type="checkbox"/> \$685	<input type="checkbox"/> \$785	<input type="checkbox"/> \$885
Fellows	<input type="checkbox"/> \$685	<input type="checkbox"/> \$785	<input type="checkbox"/> \$885
Students-Members	<input type="checkbox"/> \$495	<input type="checkbox"/> \$495	<input type="checkbox"/> \$495
Speakers			
Member			<input type="checkbox"/> \$680
Non-Members			<input type="checkbox"/> \$980
Student			<input type="checkbox"/> \$495

Standard by 6/6 and onsite 6/7-10 Please Select Day: Sunday Monday Tuesday

Daily	Early/Standard	Onsite
Member	<input type="checkbox"/> \$535	<input type="checkbox"/> \$585
Non-Member	<input type="checkbox"/> \$860	<input type="checkbox"/> \$910

4. Optional: Add a Seminar or Workshop

June 7 - 7 a.m. - 12 p.m.

2025 IRGNI Annual Research Meeting	
Member	<input type="checkbox"/> \$65
Non-Members	<input type="checkbox"/> \$35
Student	<input type="checkbox"/> \$80

June 7 - 8 a.m. - 12 p.m.

2025 IRGNI Annual Research Meeting	
AI Literacy & Learning Lab	<input type="checkbox"/> \$80
Implementation of Embedded Researchers in Health Policy, Clinical, and Commercial Settings	<input type="checkbox"/> \$40
Mentoring Underrepresented Scholars in Academia	<input type="checkbox"/> \$80
Personalized Mentoring of Scholars in Academia	<input type="checkbox"/> \$80

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**

Please charge my credit card

- Visa
- MasterCard
- Discover
- American Express

Credit Card# _____

Exp. Date _____

CVC _____ Zip Code _____

Cardholder Name _____

Signature _____

Cancellations

Cancellations for 2025 ARM registration must be received in writing by May 7, 2024 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 7. 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 2025 Annual Research Meeting, AcademyHealth reserves the right to use your likeness in such materials.

Acknowledgement Statement:

By submitting this form, I hereby acknowledge that I have read, understood, and agree to abide by all AcademyHealth policies and procedures. I understand that these policies and procedures govern my conduct and responsibilities as a member/participant/employee, and I am aware that any violation may result in disciplinary actions, including but not limited to termination of membership/participation/employment.

I further acknowledge that I have reviewed the AcademyHealth policies and procedures, which can be found at <https://academyhealth.org/CodeofConduct>. I understand that it is my responsibility to stay informed of any updates or revisions to these policies and procedures and to comply with them accordingly

