

1. Registrant Information

Prefix First name

Last name

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

Degree(s)

Job title

Department

Organization name

Primary address

City State/Province Zip/Postal code

Country

Phone

Email

Twitter Handle

Assistant's email (optional)

Industry:

- Association Government – State Manufacturing/Pharma
- Consulting Firm Health Plan/Insurer Research/Policy Org/Not Univ
- Government – Federal Hospital/Healthcare Provider University
- Government – Local Other

Primary Field:

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

2. Join or Renew Your AcademyHealth (AH) Membership (optional)

Join or renew now to receive discounted registration rates

- Regular \$200 Student \$45* International \$200
- Fellow \$115[†] New Professional \$115[°]

* Students – Full-time undergraduate, graduate or doctoral students.
[†] Fellows – Post-doctoral and clinical fellows. Medical residents are eligible.
[°] New Professional – Must have graduated from an undergraduate, graduate or doctoral program within last 12 months.
 Please attach supporting documentation to qualify as a student, new professional or fellow.

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.

3. Select the Applicable Conference Registration Rate

In-Person Registration (Proof of Vaccine Required)

In-Person Registration	Early Reg by 12/15	Standard Reg by 2/22	On-site
AH Member	<input type="checkbox"/> \$895	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,045
Organizational Member	<input type="checkbox"/> \$895	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,045
Individual Non-Member	<input type="checkbox"/> \$1,195	<input type="checkbox"/> \$1,295	<input type="checkbox"/> \$1,345
Government*	<input type="checkbox"/> \$895	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,045
Government Non-Member	<input type="checkbox"/> \$895	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,045
Developer**		<input type="checkbox"/> \$595	
AH Student Member	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545
Patient***		<input type="checkbox"/> \$595	
Speaker		<input type="checkbox"/> \$495	
Group Rate (5+)****	<input type="checkbox"/> \$945	<input type="checkbox"/> \$1,045	<input type="checkbox"/> \$1,095

Rate Descriptions and Criteria

*Government Rate

Government employees must register using their .gov email address. To qualify for the government agency rate, you must be employed by a federal, state, or local government agency (not valid for government-funded or government-sponsored organizations/universities).

**Developer Rate

Early stage/funding startups may request a discounted registration fee for up to 2 individuals. To request the developer rate, email registrations@academyhealth.org, providing a brief background on the developer and its objectives/products, funding stream(s), and any additional relevant information.

Must be approved for developer rate prior to registering.

***Patient and Patient Advocate Rate

We have a reduced rate for full-time patient advocates. Please email registrations@academyhealth.org and tell us the name, mission and website of your organization for the reduced rate. A limited number of scholarships will be offered to support patient participation at the Health Datapalooza and National Health Policy Conference.

Must be approved for patient rate prior to registering.

****Group Rate

Five or more registrations submitted from the same organization receive the discounted rates for conference registration. To qualify, all registrations must be submitted at the same time.

To request the group rate, email registrations@academyhealth.org.

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, social distancing, mask wearing, 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.

6. Calculate Your Payment

Membership	\$	Org Discount Code
Journal subscription	\$	
Conference registration	\$	
Pre-conference events	\$	
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

Cardholder Name

Signature

Cancellations

Cancellations must be received in writing by **January 25** in order to receive a refund, less a \$100 processing charge. No refunds will be issued for cancellations received after January 25. Registration fees for cancelled registrants may not be applied to future AcademyHealth meetings.

