



# REGISTRATION FORM

September 16-17, 2024 | Westin Washington, DC Downtown

## 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

Emergency contact name

Relationship  Phone

### Industry:

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

### Primary Field:

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

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

### Join or renew now to receive discounted registration rates

- Regular \$275
- Fellow \$175<sup>†</sup>
- Student \$75<sup>\*</sup>
- New Professional \$175<sup>°</sup>
- International \$275

\* Students – Full-time undergraduate, graduate or doctoral students.  
<sup>†</sup> Fellows – Post-doctoral and clinical fellows. Medical residents are eligible.  
<sup>°</sup> 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 Rate for AcademyHealth Individual Members<sup>†</sup>

- Health Services Research \$65

<sup>†</sup>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"/> \$595	<input type="checkbox"/> \$695	<input type="checkbox"/> \$745
Organizational Member	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695	<input type="checkbox"/> \$745
Individual Non-Member	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895	<input type="checkbox"/> \$945
Government*	<input type="checkbox"/> \$595	<input type="checkbox"/> \$595	<input type="checkbox"/> \$745
Government Non-Member	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795	<input type="checkbox"/> \$845
Developer**		<input type="checkbox"/> \$595	
AH Student Member		<input type="checkbox"/> \$495	
Patient***		<input type="checkbox"/> \$595	
Speaker		<input type="checkbox"/> \$500	

## 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](mailto: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](mailto: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.*

### Organizational Member Rate

Organizational members can designate 5, 10, or 15 individuals in their organization as “benefitting members” on their AcademyHealth account for them to receive discounted registration costs. Please reach out to [registrations@academyhealth.org](mailto:registrations@academyhealth.org) for assistance.

### Student Member Rate

Students enrolled full-time at the time of the meeting are eligible for the reduced student rate. Attendees enrolled in fellowship programs do not qualify for the student rate. Individuals must be a current student member or join AcademyHealth prior to registering for the event to receive this rate.

## 6. Calculate Your Payment

Membership	\$
Journal subscription	\$
Conference registration	\$
Pre-conference events	\$
<b>Total</b>	<b>\$</b>

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: 52-1260918Z**

Please charge my credit card

- Visa
- MasterCard
- Discover
- American Express

Credit Card #

Exp. Date

CVC#

Zipcode

Cardholder Name

Signature

### Cancellations

Cancellations must be received in writing to [registrations@academyhealth.org](mailto:registrations@academyhealth.org) by **August 19** in order to receive a refund. No refunds will be issued for cancellations received after August 19. Registration fees for cancelled registrants may not be applied to future AcademyHealth meetings.

### Academyhealth Code of Conduct

AcademyHealth is committed to high standards of professionalism in health services research activities, including providing a safe, hospitable, and productive environment for everyone participating in our activities. We expect our community to maintain these standards when engaging in professional work with AcademyHealth. We are committed to providing a harassment-free environment for everyone, regardless of gender, sexual orientation, gender identity, race, ethnicity, religion, disability, physical appearance, or other group identity. Please read our updated Code of Professional Conduct [here](#).