

ORGANIZATIONAL AFFILIATE REGISTRATION FORM

**The prices on this form reflect the organizational affiliate discount.
To register at these rates, you must supply your organization's discount code.**

1. Registrant Information

Prefix _____ First name _____

Last name _____

First 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. Select the Applicable Conference Registration Rate

Organizational Affiliate	
Early Reg by April 24	<input type="checkbox"/> \$850
Standard Reg by June 23	<input type="checkbox"/> \$950
Onsite Reg June 24-26	<input type="checkbox"/> \$1000
Daily Rates <i>(one day only, must choose the day below)</i>	
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
Early Reg by June 23	<input type="checkbox"/> \$735
Onsite Reg June 24 -26	<input type="checkbox"/> \$790

3. Add a Seminar in HSR Methods or a Workshop

All methods seminars run concurrently on Saturday, June 23.

Understanding and Analyzing Ambulatory Health Care Data – The NAMCS & NHAMCS	<input type="checkbox"/> \$150
Extending Your Reach: Building a Basic Communications Plan to Disseminate Your Work	<input type="checkbox"/> \$150

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4. Optional: 2018 – Interest Group Meetings

Prices are listed per Interest Group Meeting. Organization Affiliate discount codes cannot be applied to IG meetings.

Select one morning and (or) one afternoon session OR one full day session	
Registration includes concurrent poster session	
Morning Sessions, Saturday, June 23 8:30 a.m. – 12:30 p.m. <input type="checkbox"/> Behavioral Health Services Research <input type="checkbox"/> Disabilities Research (DRIG) <input type="checkbox"/> Global Health and Health Care <input type="checkbox"/> Health Economics <input type="checkbox"/> Interdisciplinary Research Group on Nursing Issues (IRGNI) <input type="checkbox"/> Public Health Services Research <input type="checkbox"/> Surgical and Perioperative Care <input type="checkbox"/> Translation and Communications	Non-Member <input type="checkbox"/> \$200
Afternoon Sessions, Saturday, June 23 2:30 p.m. - 6:30 p.m. <input type="checkbox"/> Disparities <input type="checkbox"/> Health Information Technology <input type="checkbox"/> Health Workforce <input type="checkbox"/> Long Term Services and Support <input type="checkbox"/> Oral Health <input type="checkbox"/> Quality and Value	Non-Member <input type="checkbox"/> \$200
Full Day Meetings, Saturday, June 24 8:30 a.m. - 6:30 p.m. <input type="checkbox"/> Child Health Services Research <input type="checkbox"/> State Health Research and Policy	Non-Member <input type="checkbox"/> \$350

5. Note Any Special Requests

Dietary:

All dietary request are guaranteed.

- ☐ vegetarian meals
☐ vegan meals
☐ gluten-free meals
☐ kosher meals
☐ other _____



Accessibility:

Please contact

specialneeds@academyhealth.org
to discuss any special needs and
accessibility questions.

6. Calculate Your Payment

Organizational Discount Code	_____
Conference registration	\$ _____
HSR Methods Seminar or a Workshop	\$ _____
IG-AM	\$ _____
IG-PM	\$ _____
IG-Full Day	\$ _____
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
☐ American Express

☐ MasterCard

☐ Discover

Credit Card# _____

Exp. Date _____

Cardholder Name _____

Signature _____

Cancellations

Cancellations must be received in writing by May 28 in order to receive a refund, less a \$100 processing charge. The refund policy applies to the conference. Interest Group meeting and methods seminar cancellations must be received by May 28 and will be assessed a \$25 processing fee. No refunds will be issued for cancellations received after May 28. 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 2018 Annual Research Meeting, AcademyHealth reserves the right to use your likeness in such materials.