

# REGISTRATION FORM

## 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 \_\_\_\_\_  
 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 \$200  International \$200  Fellow \$115  New Professional \$115  Student \$45

For information about the membership categories, please visit [www.academyhealth.org/membership](http://www.academyhealth.org/membership)

### 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. Rates valid through December 31, 2020.

	Member	Non-Member
Individual	<input type="checkbox"/> \$425	<input type="checkbox"/> \$650
Organizational Affiliate	<input type="checkbox"/> \$425	N/A
Fellow/New Professional	<input type="checkbox"/> \$425	N/A
Student	<input type="checkbox"/> \$250	N/A
*Speaker	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500

\*Speakers must become members prior to registration or pay the higher "non-member" speaker rate to obtain membership in order to present.

## 4. Calculate Your Payment

Membership \$ \_\_\_\_\_  
 Journal subscription \$ \_\_\_\_\_  
 Conference registration \$ \_\_\_\_\_  
**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**

### Submitted form without payment will not be processed.

- Please charge my credit card  
 Visa  MasterCard  Discover  American Express

Credit Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

