

HEALTH DATA LEADERSHIP INSTITUTE

Leveraging data and navigating federal policy for health system transformation.

September 25-26, 2019 | Washington, D.C.

Step 1. Provide 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 _____

Assistant's email (optional) _____

Step 2. Join or Renew Your Membership (optional)

Join or renew now to receive discounted registration rates

- ☐ Regular \$200 ☐ International \$200 ☐ Fellow \$115
- ☐ New Professional \$115* ☐ Student \$115*

*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.

***Students – Full-time undergraduate, graduate or doctoral students.

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.

Step 3. Select the Applicable Conference Registration Rate

	Member	Non-Member
Individual	<input type="checkbox"/> \$1,650	<input type="checkbox"/> \$1,925

Step 4. Note Special Requests

Dietary:

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



Accessibility:

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

Step 5. 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

☐ Please charge my credit card

☐ Visa

☐ Discover

☐ MasterCard

☐ American Express

Credit Card# _____

Exp. Date _____ Security Code _____

Cardholder Name: _____

Signature: _____

Cancellations

Cancellations must be received in writing by August 27 in order to receive a refund, less a \$100 processing charge. Registration fees for canceled registrants may not be applied to future AcademyHealth meetings.

Photo and Video Release

From time to time we use photographs or video of conference participants in our promotional materials. By virtue of your attendance at the 2019 Health Data Leadership Institute, AcademyHealth reserves the right to use your likeness in such materials.