

Academic Medical Centers and Teaching Hospitals Institute Program Registration Form

To register: Remit payment and completed registration form by mail to the American Health Lawyers Association • P.O. Box 79340 • Baltimore, MD 21279-0340 or fax with credit card information to (202) 775-2482. To register by phone call (202) 833-1100, prompt #2. If any program is over-subscribed, only AHLA members will be placed on a waiting list. On-site registrations will be accepted on a space-available basis only.

Name: _____ AHLA ID #: _____
 First Name for Badge (if different than above): _____ Title: _____
 Organization: _____
 Address: _____ City: _____ State: _____ ZIP+ 4: _____
 Telephone: (____) _____ Fax: (____) _____
 E-Mail: _____

REGISTRATION FEES

Postmarked and paid on or before January 7, 2019:

Member: \$775 **Non-Member:** \$1,025
Multi-Member Discount: \$700 each additional member registering from same organization at same time on the same check or credit card payment

Postmarked and paid between January 8-16, 2019:*

Member: \$900 **Non-Member:** \$1,150
Multi-Member Discount: \$825 each additional member registering from same organization at same time on the same check or credit card payment

DISCOUNTS

Discounts cannot be combined

In-House Counsel/Solo Practitioner Member/Non-Member: \$100 off full applicable rate
AAMC and NACUA Member: \$250 off full Non-Member Rate
One-Day Attendance: \$390 Member \$515 Non-Member
Government/Academician/Public Interest Professional: \$625 Member \$725 Non-Member

I will require: audio visual mobility other assistance _____
 I have special dietary needs _____

PAYMENT INFORMATION

Please fill in applicable amount: (Sorry! Registrations cannot be processed unless accompanied by payment.)

\$ _____ Registration Fee
 \$ _____ AAMC/NACUA Registration Fee (Coupon Code: _____) *Coupon code is applicable to the full non-member registration fee only. Cannot be used on discounts or one day attendance.*
 \$ _____ Academic Medical Centers and Teaching Hospitals AND Life Sciences Practice Group Luncheon
 (Thursday, January 24, 12:00-1:15 pm, \$60 AMC/TH or LS PG Members / \$70 Non-Members)
 \$ _____ Spouse/Guest Fee (\$30) Spouse/Guest Name: _____ (Name(s) must be included; guest(s) must wear a badge to the events.)
 \$ _____ Total Enclosed

Check enclosed (Make checks payable to American Health Lawyers Association)

Bill my credit card:     

Number: _____ Exp. Date: / ZIP Code of Cardholder's Billing Address _____

Name of Cardholder: _____ Signature of Cardholder: _____

Please Note: Should your credit card total be miscalculated, AHLA will charge your credit card for the correct amount. To receive a refund of the registration fee paid minus \$125, cancellation notice must be received in writing by January 14, 2019. Please see our website for our complete Cancellation/Substitution/Transfer Policy.

**Fee increase \$100 after this date.*