

**To Enroll in Practice Group(s)**

An individual must be a current AHLA member to join a Practice Group. Please note that the enrollment period is matched to the individual's membership expiration, e.g., if nine months of AHLA membership remain, your Practice Group enrollment will also lapse in nine months to enable you to renew your membership and Practice Group enrollment(s) at the same time in the future.

**Name** \_\_\_\_\_

**Member ID#** \_\_\_\_\_

**Firm/Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**YES, I'm a current AHLA member and want to add these Practice Group(s) for \$65 each:**

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Medical Centers and Teaching Hospitals (02) | <input type="checkbox"/> Labor and Employment (07)                          |
| <input type="checkbox"/> Antitrust (03)                                       | <input type="checkbox"/> Life Sciences (17)                                 |
| <input type="checkbox"/> Business Law and Governance (18)                     | <input type="checkbox"/> Medical Staff, Credentialing, and Peer Review (09) |
| <input type="checkbox"/> Fraud and Abuse (04)                                 | <input type="checkbox"/> Payers, Plans, and Managed Care (12)               |
| <input type="checkbox"/> Health Care Liability and Litigation (06)            | <input type="checkbox"/> Physician Organizations (14)                       |
| <input type="checkbox"/> Health Information and Technology (05)               | <input type="checkbox"/> Post-Acute and Long Term Services (13)             |
| <input type="checkbox"/> Hospitals and Health Systems (08)                    | <input type="checkbox"/> Regulation, Accreditation, and Payment (10)        |
| <input type="checkbox"/> In-House Counsel (01)                                | <input type="checkbox"/> Tax and Finance (11)                               |

**YES, I've joined at least four Practice Groups and want to add electronic access to the remaining Practice Groups for an additional \$99:**

Number of PGs: \_\_\_\_\_ at \$65 each = \$ \_\_\_\_\_

"PG15" Electronic Access at \$99 = \$ \_\_\_\_\_

**Total = \$ \_\_\_\_\_**

*Should your total payment be miscalculated, AHLA will charge you for the correct amount.*

**Payment Information**

**Check / Money Order (U.S. Dollars, payable to American Health Lawyers Association)**

*If paying by check, please mail the form and check to American Health Lawyers Association, P.O. Box 79340, Baltimore, MD 21279-0340.*

**Credit Card:**

- Visa       MasterCard       American Express       Diners Club       Discover

*If paying by credit card, you may either mail this form to the address above or fax it to (202) 775-2482.*

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**Zip Code of Cardholder's Billing Address:** \_\_\_\_\_