The AcademyHealth National Health Policy Conference — Early Registration Form

February 3–4, 2014 | Grand Hyatt, Washington D.C. **Register by Jan. 7, 2014 to take advantage of discounted rates**

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) _____

Primary Field

❒ Clinical Practice ❒ Health Policy ❒ Teaching
❒ Health Care Administration ❒ Health Services Research ❒ Other

Step 2. Join or Renew Your Membership (optional)

Join or renew now to receive discounted registration rates

❒ Regular $175 ❒ Senior† $100 ❒ Student $40
❒ International $175 ❒ Fellow $100 ❒ New Professional $100*

† Category closed. Existing senior members can renew.
* Must have graduated from master's or doctoral program in the last 12 months.

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 November 22, 2014.

Step 3. Select the Applicable Conference Registration Rate

	Member	Non-Member
Rates increase on Jan. 7. Register early and save.		
Individual	❒ $900	❒ $1,125
Government agency*	❒ $700	❒ $925
Fellow	❒ $500	
Student	❒ $300	

*To qualify for the government agency rate, you must be employed by a federal, state, or local government agency (not valid for government-funded or government-sponsored organizations/universities).

To register at the discounted AcademyHealth Organizational Affiliate rate go to www.academyhealth.org/nhpcorg.

Step 4. Add an Adjunct or Interest Group Meeting

Adjunct/Interest Group Breakfasts (free; pre-registration is required; run concurrently—choose only one)	
Public Health Systems Research Breakfast	❒
State Health Research and Policy Breakfast	❒
Meet-the-Experts Student Breakfast	❒

Step 5. 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 6. Calculate Your Payment

Membership	$_____
Journal subscription	$_____
Conference registration	$_____
Adjunct meeting 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 ❒ MasterCard
❒ Discover ❒ American Express

Credit Card# _____

Exp. Date _____ Security Code _____

Cardholder Name: _____

Signature: _____

Photo Release

From time to time we use photographs of conference participants in our promotional materials. By virtue of your attendance at the 2014 National Health Policy Conference, AcademyHealth reserves the right to use your likeness in such materials.

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