

2014 Physician Executives Health Policy Orientation

September 12-13 | Washington, DC

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. Select the Applicable Conference Registration Rate

AcademyHealth or ACPE Members	Non-Members
☐ \$750	☐ \$1000

Step 3. 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 4. Calculate Your Payment

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: _____

Photo Release

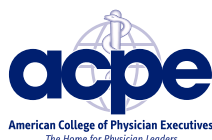
From time to time, we use photographs of conference participants in our promotional materials. By virtue of your attendance at the 2014 Physician Executives Health Policy Orientation, AcademyHealth reserves the right to use your likeness in such materials.

Accreditation

The American College of Physician Executives (ACPE) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians

Designation

The American College of Physician Executives (ACPE)™ designates this live activity for a maximum of 11 **AMA PRA Category 1 Credit(s)**™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



1150 17th Street, NW, Suite 600
Washington, DC 20036
Tel: 202-292-6700 Fax: 202-292-6891
registrations@academyhealth.org