

ATTENDEE INFORMATION

*Required Information

*First Name _____

*Last Name _____

Badge Name (if different from first name) _____

Degree(s) _____

Job Title _____

Organization/Company _____

*Mailing Address _____

*City/State _____

*Postal Code/Country _____

*Phone _____ Fax _____

*Email Address _____

CC Email Address _____

*Emergency Contact Name _____

*Emergency Contact Phone _____

PRIVACY POLICY

Required

AMCHP shares attendee names, titles, email addresses and mailing addresses with AMCHP 2020 exhibitors and sponsors. This is a benefit included in the exhibitor/sponsor benefits packages they purchase. Exhibitors/sponsors utilize this list to distribute information regarding products and services that could help improve your practice of maternal and child health through mailings and emails prior to and after the meeting. Please indicate your privacy preference level below.

- ☐ My contact information may be included in the list.
- ☐ I prefer none of my contact information to be included in the list.

ADDITIONAL ATTENDEE INFORMATION

> Are you a family representative? (Family Advocate, Family Delegate, Leader, Member, or Other) or family professional? *Required* ☐ Yes ☐ No

> Is this your first AMCHP Annual Conference? *Required* ☐ Yes ☐ No

> Are you a MCH Director or CYSHCN Director who has been in their job less than three years? ☐ Yes ☐ No ☐ Not Sure

> Please tell us your organizational affiliation: (Select One)

- ☐ State Health Department ☐ University or Academic Institution ☐ Nonprofit Group or Association
- ☐ Federal Health Agency ☐ Family Organization ☐ Health Care Facility ☐ Local Health Department ☐
- Private Sector/Corporate Organization ☐ Other _____

> Please tell us your age in years:

- ☐ 0-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ 66 or more ☐ Prefer not to answer

> What is your gender?

- ☐ Female ☐ Male ☐ Prefer not to answer

> Please indicate any dietary restrictions that apply to you:

> Are you interested in participating in Capitol Hill visits on Tuesday afternoon, March 24? If so, please indicate your interest here so that a member of AMCHP staff can follow-up with you. ☐ Yes

REGISTRATION FEES

Full Conference Registration

	THROUGH <u>Feb. 21</u>	STARTING <u>Feb. 22</u>
☐ AMCHP Member ID#: _____ <i>Required</i>	\$560	\$640
☐ Join / Renew AMCHP Membership & Registration	\$765	\$845
☐ Family Leader	\$430	\$430
☐ Non-Member	\$720	\$800
☐ Conference Speaker (includes Poster Presenters)	\$500	\$580
☐ Federal Employee	\$560	\$640
☐ Student**	\$430	\$430

**Proof of student status required; send copy of student ID with this form.

One-Day Registration

Your single day registration includes admittance to meetings and sessions, exhibit hall access, included meals and social events on your selected day. Standard attendees may only choose ONE (1) day. Conference Speakers may choose & pay for up to TWO (2) days.

☐ Standard Attendee: Single Day Rate:	\$430 – choose only <u>ONE</u>
☐ Conference Speaker: Single Day Rate (cost per day):	\$225 x ____ (# of days)
☐ Student: Single Day Rate (cost per day):	\$245 x ____ (# of days)

☐ Poster Presenters – Hall Only: Single Day Rate (cost per day): \$120 x ____ (# of days)

Specify Day: ☐ Sat 3/21/19 ☐ Sun 3/22/19 ☐ Mon 3/23/19 ☐ Tues 3/24/19

PAYMENT INFORMATION

TOTAL DUE: \$ _____

CHECK/PO #: _____ (payable to AMCHP in US Dollars)

Mail Check/Purchase Order Payments to:
(Include a copy of this form)

AMCHP 2020 Annual Conference
512 Herndon Parkway, Suite D
Herndon, VA 20170

Email Purchase Orders to:

AMCHPreg@conferencemanagers.com

AMCHP's Federal Tax ID #:

52-152-9448

CREDIT CARD: Please charge my (select one): ☐ Visa ☐ MasterCard ☐ Amex

Card # _____

Expiration Date _____ CVV Code _____

Cardholder _____

Billing Address _____

Authorized Signature _____

CANCELLATION & SUBSTITUTION POLICIES

Refunds are limited to conference fees paid. Cancellation and substitution requests must be submitted *in writing* to AMCHPreg@conferencemanagers.com. Substitution requests must also include the original attendee's name and registration ID and the substitute attendee's name, job title, organization, mailing address, phone and e-mail. No-shows are non-refundable.

February 14: Last day to receive a full refund minus \$75 administrative fee
February 15 - March 6: Cancellations receive a 50% refund minus \$75 administrative fee
March 6: Last day to receive a refund of any kind
March 16: Last day to submit a substitution request in advance**

**Substitutions may also be completed at onsite registration accompanied by written permission from the original attendee

HOW TO SUBMIT THIS FORM

Forms **WITH** credit card information may only be submitted by **FAX:**
1 (703) 964-1246

Forms **WITHOUT** credit card information may be **e-mailed** to:
AMCHPreg@conferencemanagers.com