

## STEP 1: NAME/ADDRESS

Check all that apply:  First-time Attendee  Scientific Session/Poster Presenter

How do you prefer to learn about new products/solutions from exhibitors and sponsors?  Mail  E-mail  Phone  Neither

First Name	Last Name	
Job Title	Degrees (maximum 3)	
Organization		
<input type="checkbox"/> Home Address <input type="checkbox"/> Work Address		
Mailing Address		
City	State/Country	Zip
Mobile Phone (By providing your mobile phone, you agree to receive text messages from APHA during the meeting.)		Badge Name (if different from above)
Email (Presenters: your email must match the email used to submit your abstract)		
Emergency Contact Name		Emergency Contact Phone Number

 **STEP 2: ACCESSIBILITY** I require assistance to fully participate in the meeting. Attached is a written description of my requirements.

**STEP 3: MEMBERSHIP** Learn more about membership types and required criteria for reduced rates at [apha.org/Membership/Membership-Categories](https://apha.org/Membership/Membership-Categories).

My membership is current through November 30, 2023.

APHA Membership Number: \_\_\_\_\_ (Required for Member Discount)

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required)

**Membership Category** (Members save up to \$100 on registration rates compared to non-members.)

	Dues	NEW	RENEWAL
Regular [RE]	\$225	<input type="checkbox"/>	<input type="checkbox"/>
Regular Discounted (salary < \$45,000) [RE2]*	\$110	<input type="checkbox"/>	<input type="checkbox"/>
Retired [RT]	\$100	<input type="checkbox"/>	<input type="checkbox"/>
Early-Career Professional [ECP]*	\$135	<input type="checkbox"/>	<input type="checkbox"/>
Student [ST]*	\$85	<input type="checkbox"/>	<input type="checkbox"/>
Employees of Nonprofit and Governmental Agency Members	\$75	<input type="checkbox"/>	<b>AGENCY CODE</b>
Employees of Company & Consultant Members	\$75	<input type="checkbox"/>	_____

\* Proof of status must be submitted with this form.

Employees of APHA Agency Members are eligible to receive discounted membership rates. Please contact [nancy.sherwood@apha.org](mailto:nancy.sherwood@apha.org) for information.

**ECONOMY DISCOUNT** — Save \$20 when you choose not to receive the PDF version of the American Journal of Public Health.

Subtract \$20 from above dues.

**PROFESSIONAL COMMUNITIES** — Membership includes two APHA Sections. View the full list at [apha.org/APHA-Communities/Member-Sections](https://apha.org/APHA-Communities/Member-Sections).

Included Sections/SPIGs \_\_\_\_\_  
 Additional Section/SPIG (\$15/year) \_\_\_\_\_

**TOTAL MEMBERSHIP DUES: \$** \_\_\_\_\_

**STEP 4: GUEST REGISTRATION** Limit one guest per registrant. Guest passes are intended for family members and guests that are not APHA members or working in public health.

	Early-Bird	Advance	Final
<b>Non-Public Health Guest</b>	\$390	\$465	\$565

Fill in name: \_\_\_\_\_  
First Name Last Name

**TOTAL GUEST FEE: \$** \_\_\_\_\_

**STEP 5: REGISTRATION FEES** View all registration information including cancellation and participation policies at [apha.org/meeting-registration](https://apha.org/meeting-registration).

### FULL CONFERENCE

Full meeting registration includes access to all in-person sessions and the digital meeting.

	Early 6/27-7/25	Advance 7/26-8/18	Late 9/19
Regular, Agency Individual and Company/Consultant Individual	\$615	\$690	\$790
Student*	\$265	\$300	\$350
ECP, Discounted Regular and Retired Members, Guests	\$390	\$465	\$565
Non-Member	\$940	\$1,015	\$1,115

### DIGITAL

Includes live virtual sessions on Nov. 9 and the livestream of all General Sessions and Champion Conversation featured sessions from Nov. 12-15 and access to all scientific session recordings from the in-person meeting. No continuing education credit and no registration refunds.

Regular, Agency Individual and Company/Consultant Individual, ECP, Discounted Regular and Retired Members	\$325
Student	\$130
Non-Member	\$425

### ONE DAY

**Begins 9/19**

Regular, Agency Individual and Company/Consultant Individual	\$550
Student	\$230
ECP, Discounted Regular and Retired Members, Guests	\$395
Non-Member	\$780

**TOTAL REGISTRATION FEE: \$** \_\_\_\_\_

## MEETING POLICIES

By registering for the meeting you agree to APHA's cancellation and participation policies. See policies at <https://apha.org/Events-and-Meetings/Annual/Registration-Information>

**STEP 6: CONTINUING EDUCATION** Check the CE type for which you are seeking credit. APHA is covering the cost of the first discipline (\$60 value). Additional disciplines are \$10 each. Learn more at <https://bit.ly/APHA-AM-CE>.

**CE TYPE**

- CHES**®: Health Education (CH)
- CPH**: Certified in Public Health (CPH)
- CNE**: Nursing (NR)
- CME**: MD or DO only (MD)
- CPE**: Pharmacy (CPE)
- VET**: Veterinary (VT)
- OP**: Other Professional (OP)
- MCHES**: Health Education (MCH)

**TOTAL CE FEES: \$** \_\_\_\_\_

**STEP 7: LEARNING INSTITUTES (LI)** Refer to the list of Lis at [apha.org/learning-institutes](http://apha.org/learning-institutes).

Institute #	Title	Fee
<b>TOTAL LI FEES: \$</b>		_____

**STEP 8: TICKETED EVENTS** Tickets must be purchased in advance and are non-refundable. Ticket sales close Nov. 6 and will NOT be sold onsite. Ticketed events are for registered Annual Meeting attendees.

EVENT	DAY	TIME	FEE	NUMBER OF TICKETS	TOTAL COST
Public Health Nursing Section Historical Presentation & Reception	Sunday, November 12	4:00PM - 6:30PM	\$60		
Public Health Nursing Centennial Gala	Sunday, November 12	6:30PM - 10:00PM	\$69		
Environment Section Rebecca Head Box Lunch	Monday, November 13	12:30PM - 2:00PM	\$52		
MCH Martha May Eliot Luncheon	Monday, November 13	12:30PM - 2:00PM	\$62		
APHA Public Health Awards Ceremony and Luncheon	Monday, November 13	12:30PM - 2:00PM	\$35		
International Health Luncheon	Monday, November 13	12:30PM - 2:00PM	\$62		
Latino Caucus Helen Rodriguez-Trías Breakfast - Celebrating 50 Years APHA	Tuesday, November 14	8:00AM - 10:00AM	\$42		
Human Rights Forum Award Ceremony & Social	Tuesday, November 14	12:30PM - 2:00PM	\$52		
Applied Public Health Statistics Luncheon (subsidized by APHS Section)	Tuesday, November 14	12:30PM - 2:00PM	\$30		
Public Health Nursing Networking Luncheon	Tuesday, November 14	12:30PM - 2:00PM	\$52		

**TOTAL DUE: \$** \_\_\_\_\_

**STEP 9: HELP US HELP THEM**

Support the host city charity, **Feminist Women’s Health Center**.  
Learn more at [apha.org/meeting-HUHT](http://apha.org/meeting-HUHT).

**TOTAL DONATION: \$** \_\_\_\_\_

**STEP 11: PAYMENT SUMMARY**

- Membership Dues—New and Renewal **(Step 3)**: \_\_\_\_\_
- Guest Registration **(Step 4)**: \_\_\_\_\_
- Registration Fees **(Step 5)**: \_\_\_\_\_
- Continuing Education **(Step 6)**: \_\_\_\_\_
- Learning Institutes **(Step 7)**: \_\_\_\_\_
- Ticketed Events **(Step 8)**: \_\_\_\_\_
- Help Us Help Them **(Step 9)**: \_\_\_\_\_

**TOTAL DUE: \$** \_\_\_\_\_

**STEP 10: PAYMENT INFORMATION**

Registrants are personally responsible for all money due. Full payment is required to process registration. **APHA Federal ID#: 13-1628688**

Check enclosed (in U.S. dollars, drawn on U.S. bank)

Check# \_\_\_\_\_ Amount: \_\_\_\_\_

American Express  MasterCard  VISA  Discover

Card Number \_\_\_\_\_

Exp. Date (month/year) \_\_\_\_\_

Name of Cardholder (Please Print) \_\_\_\_\_

Signature (required, authorizing charge and cancellation policy) \_\_\_\_\_

Billing Address \_\_\_\_\_

**PAYMENT INSTRUCTIONS**

**Important:** Either fax or mail this form—  
Do Not Do Both or you will be charged twice.  
**This form cannot be emailed.**

**Pay By Mail**

Make checks payable to:  
**American Public Health Association**

Mail form and payment by Nov. 6 to:

**APHA c/o Spargo, Inc.**  
**11208 Waples Mill Road, Suite 112**  
**Fairfax, VA 22030**

**Pay By Credit Card**

Fax this completed form to **703-631-6288**.

**IMPORTANT** Please keep a copy of this registration form for your files.

- APHA is unable to acknowledge receipt of faxed/mailed forms. Confirmation will be sent within 5 business days.
- Exhibitors may not use this form to register. Contact Ed Shipley at [ed.shipley@apha.org](mailto:ed.shipley@apha.org) for instructions.