

Name: _____ Member ID #: _____

First Name on Badge (if different): _____

Title: _____ Firm / Organization: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____

Email: _____

Registration Rates

Membership / Registration Type	Early Registration Paid on or before 3/29/2027	Standard Registration Paid on or after 3/30/2027
Comprehensive Member*	☐ \$995	☐ \$1,195
Basic Member*	☐ \$1,095	☐ \$1,295
Comprehensive Membership + Conference Bundle (Membership \$545/Conference Fee \$915)	☐ \$1,460	☐ \$1,460
Comprehensive (Discount) Membership + Conference Bundle** (Membership \$495/Conference Fee \$915)	☐ \$1,410	☐ \$1,410
Basic Membership + Conference Bundle (Membership \$325/Conference Fee \$1,015)	☐ \$1,340	☐ \$1,340
Basic (Discounted) Membership + Conference Bundle** (Membership \$285/Conference Fee \$1,015)	☐ \$1,300	☐ \$1,300
Federal/State Government Enforcement Agency Employee	☐ \$150	☐ \$150
Student Member**	☐ \$150	☐ \$150
Press***	☐ FREE	☐ FREE
Non-Member*	☐ \$1,295	☐ \$1,495

Group Discount: Group registration is now available online. Groups of four or more from the same firm or organization receive \$75 off their individual (Comprehensive, Basic, or Non-Member) registration rate.

*** Professional Category Discount:** Those whose "Professional Category" is Academician, Attorney - Health Plan or Health System, Attorney - In-House, Compliance Regulatory Professional, Privacy Officer, Public Health Professional, or Research Professional will receive a \$75 discount automatically off the registration fee. During the online registration process, when verifying your information in Step 1, be sure your professional category field is filled out correctly.

**** Student Rate:** Must be an AHLA subscriber AND a full-time student to receive the student rate.

***** Press Registration:** Complimentary press registrations are available to full-time journalist from industry publications and periodicals. In all content resulting from attendance at a conference, press registrants agree to include acknowledgment of AHLA and the conference name, dates, and location as well as information on particular sessions and speakers related to the topic(s) covered.

Additional Assistance

I will require the following additional audio, visual, mobility, or other assistance:

Please indicate if you have special dietary needs:

Code of Conduct

AHLA is committed to maintaining an environment where all participants are treated fairly and with respect and dignity. By registering for this event you agree to abide by AHLA's [Code of Conduct](#).

☐ I agree to the Code of Conduct

Payment

Program Registration: \$ _____

TOTAL PAYMENT: \$ _____

(Registrations cannot be processed unless accompanied by payment; discounts cannot be combined.)

Check payable to: **American Health Law Association**

Mail form & payment to: **American Health Law Association, PO Box 79340, Baltimore, MD 21279**

Questions: **202-833-1100**