

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 3/2/2027	Standard Registration Paid on or after 3/3/2027
Comprehensive Member *	☐ \$900	☐ \$1,100
Basic Member *	☐ \$1,000	☐ \$1,200
Comprehensive Membership + Conference Bundle (Membership \$545 / Conference Fee \$850)	☐ \$1,395	☐ \$1,395
Comprehensive (Discount) Membership + Conference Bundle ** (Membership \$495 / Conference Fee \$850)	☐ \$1,345	☐ \$1,345
Basic Membership + Conference Bundle (Membership \$325 / Conference Fee \$950)	☐ \$1,275	☐ \$1,275
Basic (Discounted) Membership + Conference Bundle ** (Membership \$285 / Conference Fee \$950)	☐ \$1,235	☐ \$1,235
Non-Attorney Provider (CEO, CFO, Administrator) Member <i>Available to non-attorney health care executives responsible for organizational leadership, finance, and operations, including CEOs, CFOs, and administrators</i>	☐ \$830	☐ \$1,030
Federal / State Government Enforcement Agency Employee	☐ \$150	☐ \$150
Student Member ***	☐ \$150	☐ \$150
Press ****	☐ FREE	☐ FREE
Non-Attorney Provider (CEO, CFO, Administrator) Non-Member	☐ \$1,130	☐ \$1,330
Non-Member *	☐ \$1,200	☐ \$1,400

Group Discount: Groups of 4 or more from the same firm or organization receive \$75 off each individual (Comprehensive, Basic, or Non-Member) registration. Register online for group pricing.

*** 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 online registration (Step 1), confirm your professional category is correct.

**** Discounted Membership Bundle:** Those whose Membership Type is Academician, In-House Counsel, Paralegal, Public Sector, or Solo Practitioner are eligible for a discounted rate on membership.

***** 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 journalists 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**