

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 1/6/2027	Standard Registration Paid on or after 1/7/2027
Comprehensive Member	☐ \$525	☐ \$625
Basic Member	☐ \$625	☐ \$725
Federal / State Government Enforcement Agency Employee	☐ \$150	☐ \$150
Non-Member	☐ \$825	☐ \$925

Student Registration: Due to the specialized content and professional level of this training, registration is not recommended for law students.**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**