

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 9/10/2026	Standard Registration Paid on or after 9/11/2026
Comprehensive Member	☐ \$335	☐ \$535
Basic Member	☐ \$435	☐ \$635
Federal / State Government Enforcement Agency Employee	☐ \$150	☐ \$150
Student Member *	☐ \$150	☐ \$150
Press **	☐ FREE	☐ FREE
Non-Member	☐ \$635	☐ \$835

* **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.

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**