

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 11/16/2026	Standard Registration Paid on or after 11/17/2026
Comprehensive Member	☐ \$750	☐ \$950
Basic Member	☐ \$850	☐ \$1,050
Federal / State Government Enforcement Agency Employee	☐ \$750	☐ \$950
Student Member *	☐ \$750	☐ \$950
Non-Member	☐ \$1,050	☐ \$1,250

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

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**