AMERICAN HEALTH LAW ASSOCIATION

2026 Registration Form

Institute on Medicare and Medicaid Payment Issues

March 18-20, 2026

Name: _____ Member ID#_____

First Name on Badge (if different than above): _____

Title: _____ Firm/Organization: _____

Business Address: _____

City: _____State: _____ Zip Code:_____

Phone: _____ Mobile: _____

Email: _____

Registration

Membership Type	Early Registration (Paid on or before 2/17/2026)	Registration (Paid on or after 2/18/2026)
Comprehensive Member*	☐ $995	☐ $1195
Basic Member*	☐ $1095	☐ $1295
Federal Government Enforcement Agency Employee	☐ $150	☐ $150
Student Member**	☐ $150	☐ $150
Press***	☐ $0	☐ $0
Non-Member*	☐ $1295	☐ $1595

***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.*

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

☐ _____

Please indicate if you have special dietary needs:

☐ _____

☐ **Companion/Spouse Package | $70**

This package includes breakfast each morning and all receptions. This is not for individuals wanting to attend the educational sessions. This is a GUEST package only.

AHLA is committed to maintaining an environment where all participants are treated fairly and with respect and dignity. By registering for this event and checking the box below, you are agreeing to abide by AHLA's Code of Conduct.

☐ **I agree to the Code of Conduct**

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

Program Registration: $ _____

Companion/ Spouse Package: $ _____

TOTAL PAYMENT: $ _____

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

Please mail registration form along with payment to:

American Health Law Association
PO Box 79340
Baltimore, MD 21279

If paying by Credit Card: Please note, this form is intended to be used when paying by check only. To keep your data safe, please use the online registration process when paying by credit card. Please do not mail, fax or email credit card information. If you need further assistance, please contact our office directly at 202-833-1100.