

AEJMC 2026 Conference Registration Form

Print/Type full name and first name, as you wish it to appear on badge.

Name: _____ Preferred first name for badge _____

Home Address: _____

City: _____ State: _____ Zip+4: _____ Twitter handle (optional) _____

Phone: _____ School/Company: _____

Email Address: _____ This is my first AEJMC Conference: () Yes () No

AEJMC General Conference Registration

Member \$355 _____
Student Member \$210 _____
Retired Member \$210 _____
Spouse or Dependent(s) \$50 each _____

Spouse Name (if attending): _____

Dependent's Name(s) (if attending): _____

AEJMC Workshops, Breakfast, Luncheons, Socials and Tours

Tuesday Pre-Conference Workshops

- ____ (w01) ADVD Workshop — \$65 Faculty; \$35 Students
____ (w03) CoD, CSGE Workshop — \$10
____ **CLOSED** RMIG (offsite) — \$39
____ **CLOSED** MCSD Workshop — FREE
____ **CLOSED** NOND Workshop — \$5
____ (w08) PRDV Workshop — \$10
____ (w09) VISC, MMAG Workshop — \$40 Faculty; \$25 Non-faculty

Breakfast/Luncheons/Fun Run/Socials/Tours

- ____ (w13) Fun Run — \$10 (Daily Opportunities)
____ **CLOSED** CSGE Luncheon — \$15 (Students Only) (Wednesday)
____ **CLOSED** PJIG (offsite) — \$25 Faculty; FREE Students (Wednesday)
____ **CLOSED** HIST Gala — \$10 (Thursday)
____ (w17) KTA Advisor's Breakfast — \$20 (Friday)
____ (w18) KTA/AEJMC Awards Luncheon — \$70 (Friday)
____ **CLOSED** INTC, MCSD (offsite tour) — \$11 (Friday)
____ **CLOSED** MCSD, LGBT (offsite social) — FREE (Friday)
____ **CLOSED** PRDV Social (offsite) — \$15 Faculty; \$12 Students (Friday)

Total Registration, Workshops — \$ _____

Do you have any physical, visual, hearing or dietary needs AEJMC should be aware of? _____ Yes _____ No

If yes, please elaborate: _____

Amount Due

Requests for invoice or purchase order should be made early enough to allow ample time for university processing so payment is mailed to the Central Office by the deadline.

Check Method of Payment

_____ Check enclosed (Payable in U.S. dollars only to AEJMC)

_____ Credit Card (Check card using below)

_____ MasterCard _____ VISA _____ American Express _____ Discover

Name on Card: _____

Expiration Date: _____ Today's Date: _____

Account Number: _____

Security Code: _____ (number on back of card on signature panel)

Billing Address: _____

Name/Sig: _____

Refund Policy — Available Refunds: **Conference Registration Fees ONLY**

Non-Refundable Items: Membership Fees; Workshops; Luncheons; Tours

Written cancellation requests reaching the Central Office

Between **July 17 through July 31**: FULL REFUND minus \$100 Service Fee

Between **August 1 through August 31**: ONLY AVAILABLE FOR

A SUDDEN ILLNESS OR DEATH FULL REFUND minus \$100 Service Fee

After August 31, 2026: NO REFUNDS AVAILABLE FOR ANY REASON

Email all requests to AEJMC Conference Refund, at aejmc@aejmc.org

Mail requests to AEJMC Conference Refund at PO Box 21647, Columbia, SC 29221.

(Refunds will be issued after the conclusion the annual conference)

Please make a copy of this form for your records!

2026 AEJMC Conference Website

<https://www.aejmc.org/aejmc-events/conference>

2026 AEJMC Conference Schedule

<https://www.aejmc.org/aejmc-events/conference/conference-schedule>

2026 AEJMC Conference Hotel

<https://www.aejmc.org/aejmc-events/conference/hotel>

2026 AEJMC Conference FAQs

<https://www.aejmc.org/aejmc-events/conference/faqs>