

2015 ANNUAL MEETING REGISTRATION FORM

You may also register at annualmeeting.aupha.org

Please complete the following form and return it to AUPHA with your payment. Please print or type. A completed form is required for each registrant. If you are taking advantage of the "additional registrant from a member program" discount before April 1, 2015, please check the box below and fill in the name of the First Registrant (who must be registered for the full meeting).

Full Name (as you would like it to appear on badge, including degree - - only one degree listed) _____

First Name (as you would like it to appear on badge) _____ Title _____

University/Organization _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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| <p><input type="checkbox"/> Check here if this is an additional registrant from a member program (a registrant beyond the initial one from your program).</p> <p>First Registrant's Name _____</p> <p><input type="checkbox"/> Check here if you require vegetarian meals (If so, you'll be given a special meal ticket in your registration packet)</p> | <p><input type="checkbox"/> I am a 1st-Time Attendee and/or New Member since the 2014 Annual Meeting.</p> <p><input type="checkbox"/> If yes to above, do you want to be partnered with a seasoned AUPHA member for Annual Meeting?</p> <p><input type="checkbox"/> If you are a seasoned AUPHA member, would you be willing to be matched up with a first-time attendee or new member, to help them navigate Annual Meeting?</p> |
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Registration Fees: Please clearly check all registration events you wish to purchase and attend.

Early	Standard	Late
(through April 1)	(April 2 - May 14)	(May 15 - onsite)

PLEASE NOTE: Multiple discounts are NOT allowed. Attendees who meet required criteria are eligible to receive only one discount.

Full Registration - U.S. and Canadian Attendees

<input type="checkbox"/> AUPHA Member	\$660	\$760	\$860
<input type="checkbox"/> AUPHA Member - Additional Registrant	\$610	<i>not available</i>	<i>not available</i>
<input type="checkbox"/> AUPHA Member - Session Speaker (will be verified)	\$560	<i>not available</i>	<i>not available</i>
<input type="checkbox"/> AUPHA Member - Faculty Forum Chair (will be verified)	\$460	<i>not available</i>	<i>not available</i>
<input type="checkbox"/> AUPHA Non-Member	\$780	\$880	\$980
<input type="checkbox"/> Student (see eligibility on right panel)	\$175	\$225	\$275

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To be eligible for the student rate, you must be enrolled full time in an AUPHA member healthcare management program. Copy of student ID required. If registered as a student, but criteria is not met, you will be billed for full registration rate.

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Please note that faculty members, even if a full-time student, are not eligible for this rate.

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Full Registration - International Attendees *

<input type="checkbox"/> International Attendee - Developing Country	\$500	\$600	\$700
<input type="checkbox"/> International Attendee - Developed Country	\$600	\$700	\$800

One-Day Registration (please select day)

<input type="checkbox"/> AUPHA Member	\$410	\$485	\$560
<input type="checkbox"/> AUPHA Non-Member	\$460	\$535	\$610
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			

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By submitting this form, you agree to abide by all registration and cancellation policies.

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Two-Day Registration (please select day)

<input type="checkbox"/> AUPHA Member	\$535	\$610	\$685
<input type="checkbox"/> AUPHA Non-Member	\$610	\$685	\$760
<input type="checkbox"/> Wednesday/Thursday <input type="checkbox"/> Thursday/Friday			

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To view complete registration details and policies, please visit the Annual Meeting website, and then select "Registration Policies"

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Special Events (registration is required for all events below)

<input type="checkbox"/> Global Symposium (for U.S. and Canadian registrants)	\$ 75	\$100	\$100
<input type="checkbox"/> Global Symposium (for International registrants) *	\$ 0	\$ 0	\$ 0
<input type="checkbox"/> Online Program Directors Meeting (Pre-Conference Event)	\$ 0	\$ 0	\$ 0
<input type="checkbox"/> Guest Event Pass (including Graham Prize Dinner) **	\$100	\$100	\$100

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annualmeeting.aupha.org

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* *Symposium is included at no cost with a full-registration for all International attendees.*

** *Name of Guest:* _____

TOTAL: _____ _____ _____

Please send the form and check payment to: AUPHA, 2000 14th Street North, Suite 780, Arlington, VA 22201