

AMERICAN PUBLIC HEALTH ASSOCIATION ■ 139TH ANNUAL MEETING & EXPOSITION ■ OCT. 29–NOV. 2, 2011 ■ WASHINGTON, DC

Deadlines: Early-Bird: Received by August 19 Full: Received by September 23 Register Online at www.apha.org/meetings/registration

STEP 1: Name/Address


APHA Membership Number: _____ Expiration Date: ____/____/____
(Required for Member Discount) (Required)

Check all that apply: First-time Attendee Scientific Session/Poster Presenter

Check one: Home Address Work Address

First Name _____	Last Name _____	
Job Title _____	Degrees (maximum 3) _____	
Organization _____		
Mailing Address _____		
City _____	State/Country _____	Zip _____
Daytime Phone _____	Fax _____	
BADGE NAME (if different from above) _____	Email (should match email used to submit abstract) _____	

STEP 2: Accessibility

 Check here if you require assistance to fully participate in the meeting. Attached is a written description of requirements.

STEP 3: Membership To register at the member rate, membership must be current through 11/30/2011. **NOTE:** Verification of status is required with registration for student and special health worker member categories. **Joint APHA/Affiliate membership** is available online ONLY for CA-North, KS, MA and OH.

Member Category	Dues	NEW*	RENEWAL
<input type="checkbox"/> Contributing Member [CT]	\$250	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regular Member [RE]	\$195	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Student Member [ST]	\$60	<input type="checkbox"/> **	<input type="checkbox"/> **
<input type="checkbox"/> Transitional Member [TRNL]	\$110	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retired Member [RT]	\$80	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Consumer Member [CN]	\$80	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Special Health Worker Member [SHW]	\$80	<input type="checkbox"/>	<input type="checkbox"/>

* **NEW MEMBERS** indicate your Section choice here. (Refer to Registration Instructions)
SECTION: _____ (Section affiliation will be printed on your badge.)
Optional additional Section/SPIG: \$30 \$30

** **STUDENTS** may subscribe to a **print** copy of the *American Journal of Public Health* for **\$30**. (non-refundable) Student subscriptions to *AJPH* are non-refundable.

TOTAL MEMBERSHIP DUES: \$ _____

STEP 4: Registration Fees

APHA Member Registration Fees:	Early-Bird Received by 8/19/11	Full Received by 9/23/11	On-Site Received after 9/23/11
1. <input type="checkbox"/> Member	\$445	\$500	\$560
2. <input type="checkbox"/> Agency Member	\$445	\$500	\$560
3. <input type="checkbox"/> Student Member*	\$210	\$245	\$245
4. <input type="checkbox"/> Transitional Member	\$290	\$335	\$335
5. <input type="checkbox"/> Consumer Member	\$225	\$255	\$290
6. <input type="checkbox"/> Retired Member	\$225	\$255	\$290
7. <input type="checkbox"/> Special Health Worker Member*	\$225	\$255	\$290
Non-Member Registration Fees:			
8. <input type="checkbox"/> Non-Member	\$640	\$695	\$755
9. <input type="checkbox"/> Non-Member Student*	\$270	\$305	\$305

* Verification of status is required.

TOTAL REGISTRATION FEE: \$ _____

STEP 5: Online Session Presentation Recordings:

E-ssential/Learning

Access to hundreds of Annual Meeting voice and PowerPoint presentations.

	Early-Bird/Full	On-Site
1. <input type="checkbox"/> Scientific Session/Poster Presenters [Abstract ID# _____]	\$55	\$85
2. <input type="checkbox"/> Non-presenting Members _____	\$80	\$135
3. <input type="checkbox"/> Non-members _____	\$135	\$245

TOTAL E-ssential/Learning FEE: \$ _____

STEP 6: Non-Public Health Guest Limit one guest (*not working in public health*) per registrant. Guests may not present papers, earn CE credit or access E-ssential/Learning or Public Health CareerMart

	Early-Bird	Full	On-Site
	\$275	\$310	\$350

Fill in name below

First Name _____ Last Name _____

TOTAL NON-PUBLIC HEALTH GUEST FEE: \$ _____

STEP 7: Continuing Education Check the CE or CME type(s).

Fees are \$50 for the first CE type. \$10 for each additional type.

CE type _____ @ \$50, additional CE type(s) _____ @ \$10 each.

CE TYPE

- | | |
|---|--|
| 1. <input type="checkbox"/> CH—Health Education (CHES)
CHES Number (mandatory) _____ | 4. <input type="checkbox"/> MD—MD or DO only |
| 2. <input type="checkbox"/> NR—Nursing | 5. <input type="checkbox"/> OP—Other Professional (any discipline) |
| 3. <input type="checkbox"/> CPH—Certified in Public Health | |

TOTAL CE FEES: \$ _____

Registration questions? Call (866) 871-5085
email apharegistration@jspargo.com

ADVANCE REGISTRATION FORM

page 2

Please Print: _____
 Last Name _____

 First Name _____

STEP 8: Learning Institutes Refer to list provided on page 9 and indicate the Institute number (#) and associated fee(s) below.

Institute #	Title	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL LI FEES (Saturday + Sunday) = \$ _____

STEP 9: Ticketed Luncheons/Breakfasts

Tickets must be purchased in advance and are non-refundable.

SECTION/CAUCUS	Day,	Date	Time	# of Tickets	Cost
T1. <input type="checkbox"/> MCH Martha May Eliot Luncheon	MO,	10/31/11	12:30–2:00 pm	_____ × \$47 =	_____
T2. <input type="checkbox"/> Helen Rodriguez-Trias Breakfast	TU,	11/01/11	8:00–10:00 am	_____ × \$39 =	_____
T3. <input type="checkbox"/> Occupational Health Box Lunch	TU,	11/01/11	12:00–2:00 pm	_____ × \$27 =	_____
T4. <input type="checkbox"/> PHEHP Awards Luncheon	TU,	11/01/11	12:30–2:00 pm	_____ × \$47 =	_____
T5. <input type="checkbox"/> Public Health Nursing Luncheon	TU,	11/01/11	12:30–2:00 pm	_____ × \$47 =	_____
T6. <input type="checkbox"/> Black Caucus Awards Dinner	TU,	11/01/11	7:00–10:00 pm	_____ × \$80 =	_____
T7. <input type="checkbox"/> International Health Luncheon	WE,	11/02/10	12:30–2:00 pm	_____ × \$47 =	_____

TOTAL TICKET FEES: \$ _____

STEP 10: Help Us Help Them

Please join in the effort to give something back to our host city charity.

Yes, I want to donate to *Community of Hope*.

www.communityofhopeduc.org



TOTAL DONATION: \$ _____

STEP 11: Payment Summary

- Membership Dues—New and Renewal **(Step 3):** _____
- Registration Fees **(Step 4):** _____
- E-ssential/Learning Fees **(Step 5):** _____
- Non-Public Health Guest Registration **(Step 6):** _____
- Continuing Education **(Step 7):** _____
- Learning Institutes **(Step 8):** _____
- Ticketed Luncheons/Breakfasts **(Step 9):** _____
- Help Us Help Them **(Step 10):** _____

TOTAL REMITTED: \$ _____

STEP 12: Payment Information

Registrants are personally responsible for all money due.

APHA Federal ID#: 13-1628688

Check enclosed (in U.S. dollars, drawn on U.S. bank)

Check# _____ Amount: _____

American Express MasterCard VISA

 Card Number

 Exp. Date (month/year)

 Name of Cardholder (Please Print)

 Signature (required, authorizing charge and cancellation policy)

 Billing Address

Mailing Instructions

Make checks payable to: **American Public Health Association**
 Mail form and payment to: **APHA c/o J. Spargo & Associates**
11208 Waples Mill Road, Suite 112, Fairfax, VA 22030

PDF 11

If paying by credit card, you may fax this completed form to **(703) 631-6288**.

- Important: Either fax or mail this form—**Do Not Do Both** or you will be charged twice.
- Please keep a copy of this registration form for your files.
- APHA is unable to acknowledge receipt of faxed/mailed forms. Confirmation will be sent within 5 business days.
- Exhibitors may not use this form to register. Contact Lynn Schoen lynn.schoen@apha.org for instructions on how to register exhibit booth personnel.
- Purchase orders and/or training vouchers are not accepted.
- No meals are included in the registration fee.

Cancellation Policy

- > Notice of cancellation must be received **in writing** at APHA / J. Spargo & Assoc. email apharegistration@jspargo.com, fax to **(703) 631-6288** no later than **September 30, 2011**. No refunds will be processed after that date.
- > Any mailed badges must be returned to J. Spargo & Assoc. before refund can be processed.
- > An \$80 cancellation fee will be deducted from each Annual Meeting registration (\$50 for students and discounted member categories) **plus** \$20 fee for each CE and \$50 for each LI cancellation.
- > Membership is non-transferable, non-refundable and non-tax-deductible.
- > Ticketed events are non-refundable.
- > In order to refund E-ssential/Learning a specific request must be submitted in writing along with Annual Meeting cancellation.