


STEP 1: NAME/ADDRESS

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

How do you prefer to learn about new products/solutions from exhibitors and sponsors? Mail E-mail Phone Neither

First Name	Last Name	Twitter Name @
Job Title	Degrees (maximum 3)	
Organization		
<input type="checkbox"/> Home Address <input type="checkbox"/> Work Address		
Mailing Address		
City	State/Country	Zip
Daytime Phone	Badge Name (if different from above)	
Email (Presenters: your email must match the email used to submit your abstract)		
Emergency Contact Name	Emergency Contact Phone Number	

 **STEP 2: ACCESSIBILITY** I require assistance to fully participate in the meeting. Attached is a written description of my requirements.

STEP 3: MEMBERSHIP Learn more about membership types and required criteria for reduced rates at apha.org/Membership/Membership-Categories.

My membership is current through Oct. 2021.

APHA Membership Number: _____
(Required for Member Discount)

Expiration Date: ____/____/____
(Required)

Membership Category (Members save up to \$100 on registration rates compared to non-members.)

	Dues	NEW	RENEWAL
Regular [RE]	\$225	<input type="checkbox"/>	<input type="checkbox"/>
Regular Discounted (salary < \$45,000) [RE2]*	\$110	<input type="checkbox"/>	<input type="checkbox"/>
Retired [RT]	\$100	<input type="checkbox"/>	<input type="checkbox"/>
Early-Career Professional [ECP]*	\$135	<input type="checkbox"/>	<input type="checkbox"/>
Student [ST]*	\$85	<input type="checkbox"/>	<input type="checkbox"/>

* Proof of status must be submitted with this form.

Employees of APHA Agency Members are eligible to receive discounted membership rates. Please contact nancy.sherwood@apha.org for information.

GREEN DISCOUNT — Go paperless and save \$20 by choosing online only access to AJPH.

Subtract \$20 from above dues.

PROFESSIONAL COMMUNITIES — Membership includes two APHA Sections. View the full list at apha.org/APHA-Communities/Member-Sections.

- Included Sections/SPIGs _____
- Additional Section/SPIG (\$15/year) _____

TOTAL MEMBERSHIP DUES: \$ _____

STEP 4: GUEST REGISTRATION Limit one guest per registrant. Guest passes are intended for family members and guests that are not APHA members or working in public health.

	Early-Bird	Advance	Final
Non-Public Health Guest	\$345	\$390	\$435

Fill in name: _____
First Name Last Name

TOTAL GUEST FEE: \$ _____

STEP 5: REGISTRATION FEES View all registration information including cancellation and participation policies at apha.org/meeting-registration.

	Early-Bird Deadline	Advance Deadline	Final Pricing Begins
APHA MEMBER TYPE:	Aug. 19	Sept. 23	Sept. 24
<input type="checkbox"/> Regular Member	\$546	\$606	\$665
<input type="checkbox"/> Regular Discounted (salary < \$45,000)	\$345	\$390	\$435
<input type="checkbox"/> Retired	\$345	\$390	\$435
<input type="checkbox"/> Early-Career Professional	\$345	\$390	\$435
<input type="checkbox"/> Student	\$247	\$282	\$317

NON-MEMBER REGISTRATION FEES:

<input type="checkbox"/> Non-Member	\$871	\$931	\$990
<input type="checkbox"/> Non-Member Student	\$382	\$417	\$452

TOTAL REGISTRATION FEE: \$ _____

STEP 6: CONTINUING EDUCATION Check the CE type for which you are seeking credit. APHA is covering the cost of the first discipline (\$60 value). Additional disciplines are \$10 each. Learn more at <https://bit.ly/APHA-AM-CE>.

CE TYPE

- CHES**®: Health Education (CH)
- CPH**: Certified in Public Health (CPH)
- CNE**: Nursing (NR)
- CME**: MD or DO only (MD)
- CPE**: Pharmacy (CPE)
- VET**: Veterinary (VT)
- OP**: Other Professional (OP)
- MCHES**: Health Education (MCH)

TOTAL CE FEES: \$ _____

Please Print: _____
Last Name

First Name

APHA 2021 DENVER ATTENDEE REGISTRATION FORM

STEP 7: LEARNING INSTITUTES (LI) Refer to the list of Lis at apha.org/learning-institutes.

Institute #	Title	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL LI FEES: \$ _____

STEP 8: TICKETED EVENTS Tickets must be purchased in advance and are non-refundable. There is a \$5 surcharge for tickets purchased onsite.

Event	Day	Date	Time	# of Tickets	Total Cost
APHA Award Ceremony & Luncheon (T1)	TUE	Oct. 27	12 - 2 p.m.	_____ x \$15 regular	= \$ _____

STEP 9: HELP US HELP THEM

Please join in the effort to give back to our host city charity, **Metro Denver Homeless Initiative**. Your generous contribution will go directly to the regional system that coordinates services and housing for people experiencing homelessness. Services include prevention/diversion, street outreach, emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing. Learn more at apha.org/meeting-HUHT.

TOTAL DONATION: \$ _____

STEP 11: PAYMENT SUMMARY

Membership Dues—New and Renewal (Step 3): _____
Guest Registration (Step 4): _____
Registration Fees (Step 5): _____
Continuing Education (Step 6): _____
Learning Institutes (Step 7): _____
Ticketed Events (Step 8): _____
Help Us Help Them (Step 9): _____

TOTAL DUE: \$ _____

STEP 10: PAYMENT INFORMATION

Registrants are personally responsible for all money due. Full payment is required to process registration.

APHA Federal ID#: 13-1628688

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

Check# _____ Amount: _____

American Express MasterCard VISA Discover

Card Number

Exp. Date (month/year)

Name of Cardholder (Please Print)

Signature (required, authorizing charge and cancellation policy)

Billing Address

PAYMENT INSTRUCTIONS

Important: Either fax or mail this form—Do Not Do Both or you will be charged twice. **This form cannot be emailed.**

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

Pay By Credit Card Fax this completed form to **703-631-6288**.

IMPORTANT

- 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 Ed Shipley at ed.shipley@apha.org for instructions.
- Purchase orders and/or training vouchers are not accepted.

CANCELLATION POLICY

- Notice of cancellation must be received **in writing**. Email to apharegistration@spargoinc.com or fax to **703-631-6288** no later than Sept. 16. No refunds will be processed after that date.
- Any mailed badges must be returned before refund can be processed.
- A \$90 cancellation fee will be deducted from each Annual Meeting registration (\$55 for students, guests and discounted member categories), plus a \$75 fee for each Learning Institute and a \$20 fee for each CE cancellation. No CE refund after start of meeting.
- If you can no longer attend in person but would like to attend virtually please email apharegistration@spargoinc.com to be switched to a virtual attendee. No refund will be given for switching to virtual.
- Substitutions are permitted with a \$80 transfer fee and written authorization from the original registrant. If registrant is a member, substitute must also have the same member category or pay to become a member.
- Membership is non-transferable, non-refundable and non-tax-deductible.
- Ticketed events and contributions to Help Us Help Them are non-refundable.
- A registration refund will not be provided for attendees who change membership categories after registering.
- By registering for the meeting you agree to APHA's Participation Policies. See policies at <https://apha.org/Events-and-Meetings/Annual/Registration-Information/Annual-Meeting-Policies>.