

## 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

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Job Title \_\_\_\_\_ Degrees (maximum 3) \_\_\_\_\_

Organization \_\_\_\_\_

☐ Home Address ☐ Work Address

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email (Presenters: your email must match the email used to submit your abstract) \_\_\_\_\_

## STEP 2: ACCESSIBILITY

☐ I require assistance to fully participate in the virtual meeting. Attached is a written description of my requirements.

## STEP 3: AREAS OF INTEREST

Enrich your experience at the Virtual Expo. Choose at least five categories that best describe your areas of interest.

- |                                                                                           |                                                                                                |                                                                                              |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Aging                                                            | <input type="checkbox"/> Health Agency                                                         | <input type="checkbox"/> Occupational Health                                                 |
| <input type="checkbox"/> Alcohol, Tobacco & Drug Abuse<br>Prevention/Smoking Cessation    | <input type="checkbox"/> Health Disparities                                                    | <input type="checkbox"/> Oral Health                                                         |
| <input type="checkbox"/> Analytical Services                                              | <input type="checkbox"/> Health Inequality &<br>Underserved Populations                        | <input type="checkbox"/> Pharmaceuticals, Biopharmaceuticals,<br>Drugs & Medicine            |
| <input type="checkbox"/> Bioterrorism, Violence<br>Prevention & Injury Control            | <input type="checkbox"/> Health Policy & Social Policy                                         | <input type="checkbox"/> Podiatric Health                                                    |
| <input type="checkbox"/> Cancer                                                           | <input type="checkbox"/> Health Promotion Products                                             | <input type="checkbox"/> Population Health                                                   |
| <input type="checkbox"/> Childhood Development                                            | <input type="checkbox"/> Health Quality                                                        | <input type="checkbox"/> Professional, Membership<br>Associations and Practitioners          |
| <input type="checkbox"/> Chiropractic Health                                              | <input type="checkbox"/> Health Services/Recovery Programs                                     | <input type="checkbox"/> Public Health Ethics                                                |
| <input type="checkbox"/> Clinical Information & Services                                  | <input type="checkbox"/> Healthy Lifestyle/Health Improvement                                  | <input type="checkbox"/> Public Health Law                                                   |
| <input type="checkbox"/> Communications                                                   | <input type="checkbox"/> Homelessness                                                          | <input type="checkbox"/> Public Health Statistics                                            |
| <input type="checkbox"/> Community-based Services                                         | <input type="checkbox"/> Immunization/Vaccines                                                 | <input type="checkbox"/> Publishers (i.e. secondary education/<br>college education/medical) |
| <input type="checkbox"/> Data Management, Collection and<br>Analysis & Health Informatics | <input type="checkbox"/> Infectious Diseases (i.e. HIV/<br>AIDS/COVID-19)                      | <input type="checkbox"/> Recruitment                                                         |
| <input type="checkbox"/> Disabilities                                                     | <input type="checkbox"/> Integrative Practices                                                 | <input type="checkbox"/> Research                                                            |
| <input type="checkbox"/> Disease Prevention                                               | <input type="checkbox"/> International/Global Health                                           | <input type="checkbox"/> Rural Health                                                        |
| <input type="checkbox"/> Educational Materials & Services                                 | <input type="checkbox"/> Laboratory Systems                                                    | <input type="checkbox"/> Schools and Programs of Public<br>Health, Nursing & Medicine        |
| <input type="checkbox"/> Educational Programs                                             | <input type="checkbox"/> LGBT Health                                                           | <input type="checkbox"/> Sexual and Reproductive Health                                      |
| <input type="checkbox"/> Electronic Health Records                                        | <input type="checkbox"/> Marketing                                                             | <input type="checkbox"/> Software, Information Systems<br>& Artificial Intelligence          |
| <input type="checkbox"/> Emergency Preparedness                                           | <input type="checkbox"/> Maternal and Child Health/<br>Infant Mortality                        | <input type="checkbox"/> Surveys                                                             |
| <input type="checkbox"/> Environment & Waste<br>Management Solutions                      | <input type="checkbox"/> Medical Health Products                                               | <input type="checkbox"/> Translation Services                                                |
| <input type="checkbox"/> Epidemiology                                                     | <input type="checkbox"/> Medicine/Medical Care                                                 | <input type="checkbox"/> Women's Health                                                      |
| <input type="checkbox"/> Fitness & Physical Activity                                      | <input type="checkbox"/> Men's Health                                                          |                                                                                              |
| <input type="checkbox"/> Foundation                                                       | <input type="checkbox"/> Mental Health                                                         |                                                                                              |
| <input type="checkbox"/> Genomics                                                         | <input type="checkbox"/> Mobile Technology (i.e. telemedicine,<br>telehealth, web-based tools) |                                                                                              |
| <input type="checkbox"/> GIS-based Health Information                                     | <input type="checkbox"/> Nursing                                                               |                                                                                              |
| <input type="checkbox"/> Government (i.e. federal, state and local)                       | <input type="checkbox"/> Nutrition/Obesity                                                     |                                                                                              |

Please Print: \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_

# APHA 2020 REGISTRATION FORM

## STEP 4: MEMBERSHIP

The member rate for attending the Annual Meeting is \$100 less than the rate for non-members. [apha.org/membership-categories](https://apha.org/membership-categories).

Membership Category	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"/>
Agency Individual	\$70	<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](mailto:nancy.sherwood@apha.org) for information.

**GREEN DISCOUNT** — Save \$20 by choosing **online only** access to the American Journal of Public Health.

☐ Subtract \$20 from above dues.

**PROFESSIONAL COMMUNITIES** — Membership includes two APHA Sections or Special Primary Interest Groups (SPIGs). Indicate choice from list on page 5.

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

**TOTAL MEMBERSHIP FEE: \$** \_\_\_\_\_

## STEP 5: REGISTRATION FEES

To register at the member rate, membership must be current through 10/31/2020.

	Early-Bird Deadline	Advance Deadline	Final Pricing Begins
APHA MEMBER REGISTRATION FEES:	Sept. 10	Oct. 13	Oct. 14
<input type="checkbox"/> Regular Member	\$546	\$606	\$665
<input type="checkbox"/> Agency Member	\$546	\$606	\$665
<input type="checkbox"/> Company/Consultant Individual	\$546	\$606	\$665
<input type="checkbox"/> Regular Discounted (salary < \$45,000)	\$337	\$372	\$407
<input type="checkbox"/> Retired	\$337	\$372	\$407
<input type="checkbox"/> Early-Career Professional	\$345	\$390	\$435
<input type="checkbox"/> Student	\$247	\$282	\$292

### NON-MEMBER REGISTRATION FEES:

<input type="checkbox"/> Non-Member	\$871	\$931	\$990
<input type="checkbox"/> Non-Member Student	\$382	\$417	\$427

**TOTAL REGISTRATION FEE: \$** \_\_\_\_\_

## STEP 6: CONTINUING EDUCATION

Check the CE type for which you are seeking credit. The first CE discipline is free and \$10 for each additional discipline.

### CE TYPE

- ☐ **CHES**®: Health Education (CH) ☐ **CME**: MD or DO only (MD)  
☐ **CHES**® Number (mandatory) \_\_\_\_\_ ☐ Other Professional (OP)  
☐ **CPH**: Certified in Public Health (CPH) ☐ Veterinary (VET)  
☐ **CNE**: Nursing (NR) ☐ **CPE**: Pharmacy (CPE)

**TOTAL CE FEE: \$** \_\_\_\_\_

Registration questions? Call 866-871-5085 (toll free),  
 or 703-449-6418 (international long distance),  
 or email [apharegistration@spargoinc.com](mailto:apharegistration@spargoinc.com)

## STEP 7: LEARNING INSTITUTES (LI)

Refer to list provided on the following page.

Institute #	Title	Fee
_____	_____	_____
_____	_____	_____

**TOTAL LI FEES: \$** \_\_\_\_\_

## STEP 8: HELP US HELP THEM

Even though we cannot meet in San Francisco, we are committed to supporting the good work of a local charity, **The Robby Poblete Foundation**, which works to prevent gun violence through its arts, vocational and gun buyback programs. Your generous contribution will provide vital resources to transform lives and reduce gun violence. Learn more at [apha.org/meeting-HUHT](https://apha.org/meeting-HUHT).

**TOTAL HELP US HELP THEM FEES: \$** \_\_\_\_\_

CONTINUED ON  
NEXT PAGE

## STEP 9: PAYMENT SUMMARY

Membership Dues—New and Renewal (**Step 4**): \_\_\_\_\_

Registration Fee (Step 5): \_\_\_\_\_

Continuing Education (Step 6): \_\_\_\_\_

Learning Institutes (Step 7): \_\_\_\_\_

Help Us Help Them (Step 8): \_\_\_\_\_

**TOTAL PAYMENT DUE: \$**\_\_\_\_\_

## STEP 10: 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   ☐ 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 can not 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 Lynn Schoen at [lynn.schoen@apha.org](mailto:lynn.schoen@apha.org) for instructions.
- Purchase orders and/or training vouchers are not accepted.
- Meals are not included in the registration fee.

## CANCELLATION POLICY

- Notice of registration cancellation must be received in writing by APHA no later than Oct. 8. No refunds will be processed after that date. Email [apharegistration@spargoinc.com](mailto:apharegistration@spargoinc.com) or mail your written cancellation to APHA c/o Spargo, Inc., 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030.
- A \$90 cancellation fee will be deducted from each Annual Meeting registration (\$55 for students, discounted member categories and guests), plus a \$75 fee for each Learning Institute. No CE refund after the start of the meeting.
- Membership is non-transferable, non-refundable and non-tax-deductible.
- Contributions to Help Us Help Them are non-refundable.
- Substitutions are permitted with a \$40 transfer fee and written authorization from the original registrant. If the original registrant is a member, the substitute must also be a member or pay to become a member.
- If you created an account to access the Virtual Program, your account will be deleted and you will no longer have access to the content.

# LEARNING INSTITUTES

Register for APHA Learning Institutes to expand your education experience and earn up to an additional **8 CE credits**

## SATURDAY, OCT. 24

LI #	LI TITLE	CREDIT HOURS	SCHEDULE	FEES
1004	How to Embed a Racial Equity Perspective in Research	3	9:00 a.m. – 12:30 p.m.	\$225

## SATURDAY, OCT. 24 (2-DAY COURSES)

LI #	LI TITLE	CREDIT HOURS	SCHEDULE	FEES
1000/2000	Biostatistics for non-statisticians (APHA Sponsored)	8	SAT 8:30 a.m. – 12:30 p.m. SUN 8:30 a.m. – 12:30 p.m.	\$300
1001/2001	Epidemiology for Non-Epidemiologist: Practical Issues and Lessons Learned from the COVID-19 Pandemic	8	SAT 8:30 a.m. – 12:30 p.m. SUN 8:30 a.m. – 12:30 p.m.	\$300
1002/2002	Certified in Public Health Exam Review Course	8	SAT 8:30 a.m. – 12:30 p.m. SUN 8:30 a.m. – 12:30 p.m.	\$300
1003/2003	Telling Your Story of Public Health – The Value of Public Health Accreditation Board Reaccreditation	6	SAT 8:00 a.m. – 11:30 p.m. SUN 8:00 a.m. – 11:30 p.m.	\$275
1005/2005	How to Evaluate Public Health Programs	6	SAT 8:00 a.m. – 11:30 p.m. SUN 8:00 a.m. – 11:30 p.m.	\$275

## SUNDAY, OCT. 25

LI #	LI TITLE	CREDIT HOURS	SCHEDULE	FEES
2004	Community Asset Mapping: Turning from Deficits to Strengths, Moving Toward Health Equity	3	8:00 a.m. – 11:30 a.m.	\$225
2006	Your Leadership Matters: Health Professionals as Climate & Health Ambassadors	3	8:00 a.m. – 11:30 a.m.	\$225
2007	Healthy People 2030 and Violence Prevention: Analyzing the Data	3	2:00 p.m. – 5:30 p.m.	\$225

Courses that take place during the Opening General Session on Sunday. Some courses will require participants to have:

- A PC platform or MAC with 1 GHz or RAM
- SPSS software preloaded onto a laptop (download instructions will be provided)

Participants will receive an email before the courses take place to remind them of requirements and materials needed.

Please contact [mighty.fine@apha.org](mailto:mighty.fine@apha.org) if you have any questions.

Full program descriptions, learning objectives, faculty, tentative agendas and disclosure information for each LI course can be accessed at [apha.org/learning-institutes](https://apha.org/learning-institutes).

**NOTE:** APHA reserves the right to cancel any LI due to low enrollment. In case of a cancellation, registrants will be notified immediately and given the opportunity to choose an alternate LI or to be fully refunded. Please contact [mighty.fine@apha.org](mailto:mighty.fine@apha.org) if you have any questions regarding the Learning Institutes.

### CANCELLATION POLICY

A \$75 cancellation fee will be deducted for each Learning Institute and \$20 for each CE cancellation.

# REGISTRATION INFORMATION

## BE AN EARLY-BIRD AND SAVE!

Register by Sept. 10 to save up to \$120 on registration. Register online at [apha.org/meeting-registration](http://apha.org/meeting-registration).

## PRESENTER POLICY

APHA policy stipulates that all presenters must be individual members of APHA in order to present their paper(s) at this meeting. Session organizers, moderators, and presenters are required to pay the appropriate registration fee (either for the full meeting or for the day of their presentation). Presenters must be registered by **Sept. 29**.

## EXHIBITOR REGISTRATION

Exhibitors may not use this registration form. Instructions for registering booth personnel will be sent to all exhibitors in June. Contact Lynn Schoen at [lynn.schoen@apha.org](mailto:lynn.schoen@apha.org) with questions.

## REGISTRATION INSTRUCTIONS

### STEP 1: NAME/ADDRESS

Fill in all information as requested. Permanent changes to membership addresses can be made by contacting [membership.mail@apha.org](mailto:membership.mail@apha.org).

### STEP 2: ACCESSIBILITY

In order to respond to individual needs, check the box and attach a note with your request (i.e., sign language interpreters, ALD, personal assistant). If you have any questions about [access@apha.org](mailto:access@apha.org) or 202-777-2528.

### STEP 3: AREAS OF INTEREST

Connect with exhibitors by selecting at least five categories of interest. You'll be matched with the top organizations who fit with your business needs and objectives.

### STEP 4: MEMBERSHIP

Become a member and register for the meeting at \$100 less than the price of non-member registration.

### STEP 5: REGISTRATION FEES

To take advantage of discounted member registration fees, membership must be current through Oct. 31.

### STEP 6: CONTINUING EDUCATION

Indicate the type(s) of CE desired. Must be registered no later than noon on Oct. 24 and cannot be added after registration closes. No refunds are provided after start of meeting. All session evaluations must be completed Oct. 28, end of day.

### STEP 7: APHA LEARNING INSTITUTES

APHA Learning Institutes are being offered on Saturday, Oct. 24 and Sunday, Oct. 25. Consult page 3 for a list of LI's and associated fees. LI's must have a minimum of 25 participants registered. LI's are subject to cancellation based on the number of registrants.

### STEP 8: HELP US HELP THEM

Even though we are unable to host the Annual Meeting and Expo in San Francisco, it's still our goal to give back to the community. Help make a significant impact this year and donate to **The Robby Poblete Foundation**.

### STEP 9: PAYMENT SUMMARY

Indicate amounts for all categories selected and total fees.

### STEP 10: PAYMENT INFORMATION

APHA accepts American Express, MasterCard, Discover and VISA as well as checks drawn on US banks in US dollars. APHA may charge the correct amount if different from the total payment. Registrations paid by check will NOT be processed without full payment. If paying by credit card, you may fax the completed form to 703-631-6288, or register online at [apha.org/meeting-registration](http://apha.org/meeting-registration). If registering by mail, make checks payable to American Public Health Association. Payment must accompany registration form—do not send payment separately.

- Important: Please keep a copy of your form for your records.
- APHA is unable to acknowledge receipt of faxed/mailed forms. Confirmations will be sent within 5 business days.
- Purchase orders and/or training vouchers are not accepted. Registration by phone is not available.
- 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. There are no refunds for a change in membership category.

## DESCRIPTION OF MEMBERSHIP CATEGORIES

<b>Regular</b>	\$225	Open to health professionals, other career workers in the health field and any persons interested in public health.
<b>Regular Discounted</b> (salary <\$45,000)	\$110	Member whose annual salary is less than \$45,000 USD or the equivalent for foreign nationals. Proof of status is required annually.
<b>Early-Career Professional</b>	\$135	Person who graduated in the last 24 months and is transitioning into the workforce. Includes programs specific to new public health professionals. This member type is available for three consecutive years. Proof of status is required annually.
<b>Retired</b>	\$100	Person who has retired and no longer derives income from current work-related activities. Declaration of status is required annually.
<b>Student</b>	\$85	Individual must be enrolled in a degree-seeking program. Qualifying student should be taking at least 6 credit hours (undergraduate degree) or 3 credit hours (graduate degree) per semester or comparable credits in quarter system. Student membership is available for up to six years per degree. Proof of status is required annually.
<b>Agency Individual</b>	\$70	Employees of APHA Agency Members are eligible to receive discounted membership rates. Please contact <a href="mailto:nancy.sherwood@apha.org">nancy.sherwood@apha.org</a> with questions.

## COMMUNITIES

Your dues include membership in two (2) APHA Sections or Special Primary Interest Groups (SPIGs). You can purchase an additional community membership for \$15/year. Please select the Sections/SPIGs you would like from the list below. To learn more about APHA membership benefits visit [apha.org](http://apha.org).

### Section

### Abbreviation

Aging and Public Health . . . . . APH  
 Alcohol, Tobacco and Other Drugs . . . . . ATOD  
 Applied Public Health Statistics . . . . . APHS  
 Chiropractic Health Care . . . . . CHC  
 Community Health Planning and  
 Policy Development . . . . . CHPPD  
 Community Health Workers . . . . . CHW  
 Disability . . . . . DIS  
 Environment . . . . . ENV  
 Epidemiology . . . . . EPI  
 Ethics . . . . . ETHICS  
 Food and Nutrition . . . . . FN  
 Health Administration . . . . . HA  
 Health Informatics Information Technology . . . . . HIIT  
 HIV/AIDS . . . . . HIV/AIDS  
 Injury Control and Emergency  
 Health Services . . . . . ICEHS  
 Integrative, Complementary and  
 Traditional Health Practices . . . . . ICTHP  
 International Health . . . . . IH

Law . . . . . LAW  
 Maternal and Child Health . . . . . MCH  
 Medical Care . . . . . MC  
 Mental Health . . . . . MH  
 Occupational Health and Safety . . . . . OHS  
 Oral Health . . . . . OH  
 Pharmacy . . . . . PHARM  
 Physical Activity . . . . . PA  
 Podiatric Health . . . . . POD  
 Public Health Education and  
 Health Promotion . . . . . PHEHP  
 Public Health Nursing . . . . . PHN  
 Public Health Social Work . . . . . PHSW  
 Sexual and Reproductive Health . . . . . SRH  
 School Health Education and Services . . . . . SHES  
 Vision Care . . . . . VC

### Special Primary Interest Groups

### Abbreviation

Veterinary Public Health . . . . . VPH



## ANNUAL MEETING PARTICIPATION POLICIES/DISCLAIMER

The full Annual Meeting participation policy can be found online at [apha.org/meeting-registration](http://apha.org/meeting-registration). The Annual Meeting is a harassment-free conference for everyone regardless of gender, gender identity, sexual orientation, disability, physical appearance, body size, race, age or religion. Conference participants who display inappropriate behavior or create a disturbance or safety hazard are prohibited inside any meeting facility and will be asked to leave the meeting. If you are being harassed or notice an act of harassment contact a member of conference staff immediately.

APHA and news media will take photos and videos during the Annual Meeting. By attending the meeting you acknowledge these activities and grant APHA permission to use your image for Association publications, website, and marketing materials. You waive all claims against APHA for any liability resulting from these uses. Only APHA and working journalists are permitted to video and audio-tape scientific sessions. Individuals recording sessions without prior permission from APHA or without proper media credentials will be asked to cease recording immediately.