

Registration Form I

ONSITE



First Name: _____ Last Name: _____

Degree(s): MD MPH DO PhD FACPM Other: _____

*Are you a physician? Yes No

*Emergency Contact Name/Number: _____

Badge Name: _____ Email: _____

Job Title: _____

Organization: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Phone: _____

Speaker/Moderator? Session #: _____

Dietary Restrictions: Vegetarian Kosher Vegan Gluten Free No Restrictions

I require special services in accordance with the Americans with Disabilities Act (*please provide a brief description of what you will need*): _____

Are you a first time attendee? Yes No

Would you like to be a mentor/mentee? Yes No

***** Join ACPM today and save on registration fees! *****

Member/Associate - \$350 Resident - \$75 Medical Student - \$30

Demographic Information:

For a complete description of member categories, please visit www.acpm.org

ARE YOU BOARD CERTIFIED?

Yes
No

BOARD SPECIALTY:

Preventive Medicine
Internal Medicine
Family Medicine
Other

WHAT IS YOUR INFLUENCE ON BUYING DECISIONS?

Final Decision Maker
Significant Influence
Initial Recommendation
Not Applicable

PRIMARY JOB FUNCTION:

Consultant
Clinician/Patient Care
Chief Executive Officer
Department/Agency Director or Chair
Medical Student
Medical Director/Officer
Nurse Practitioner
Physician's Assistant
Program Manager (all levels)
PM Residency
Director/Assistant Director
PM Residency Program Staff or Faculty
Professor/Instructor/Faculty
Researcher/Analyst
Resident
Quality Improvement
Specialist
VP/Senior VP/Executive
VP/COO
Other: _____

PRIMARY BUSINESS SETTING:

Academia/University
Federal Public Health Agency
Group or Individual Clinical Practice
Health Plan/System Hospital
Local Public Health Agency
Military
Non-Profit
Association/Foundation
Private Practice
Private Corporation
Retired
State Public Health Agency
Other: _____

SOCIAL MEDIA:

Facebook
 Twitter
 LinkedIn
 Other: _____

***Required information**

NEW 2016 INSTRUCTIONS

- **Type or print all information**
- All membership payments should be made on the ACPM website at <http://www.acpm.org/?page=ACPM>
- Payment must accompany your form for registration to be processed.
- Your name will appear on your badge as you indicate as "**Badge Name**".
- All information must be completed in full to receive a badge.
- Mail registration with payment to:

ACPM
455 Massachusetts Ave., NW
Suite #200
Washington, DC 20001
****** OR *****

Fax both pages of your completed registration form to **(801) 355-0250** by **February 5, 2016**.

ACPM Cancellation Policy

All requests for refunds must be submitted in writing and emailed to help@orchideventsolutions.com or faxed to (801) 355-0250 on or before **February 1, 2016**.

A \$150 cancellation fee applies

No refunds will be issued after **February 1, 2016**

ACPM does not accept registrations or payments over the phone.

*Registration fee includes:
Continental breakfast and coffee breaks each day of the meeting;
Thursday Opening Reception; Lunch Friday; meeting material and CME/MOC credits.*

Registrant Last Name: _____

Registration Options: (please check registration type and check the dollar amount)		Early Registration Before 1/1/2016	Advanced Registration Before 2/5/2016	On-site Registration After 2/6/2016
Special Institute Package: Wednesday, February 24, 2016 – Saturday, February 27, 2016				
ACPM Member		\$845	\$945	\$1,245
Non-Member		\$1,045		\$1,345
Resident Member		\$745		\$460
Resident Non-Member		\$475	\$475	\$525
Medical Student Member		\$365	\$385	\$435
Medical Student Non-Member		\$430	\$450	\$500
EXPIRED				
Wednesday Institute ONLY – February 24, 2016				
Full-Day Institute ONLY		\$130 ACPM Member \$180 Non-Member		
Half-Day Institute ONLY		\$65 ACPM Member \$90 Non-Member		
Institute Selection: Please select one FULL day OR a combination of sessions equivalent to a full day				
Full-Day - 8:00am – 5:30 pm				
Institute 1: Health Systems Transformation				
Half-Day AM – 8:00am – 12:15pm				
Institute 2: Obesity Medicine Health				
Institute 3: Usability and User-based Design: How to ensure that Your Tools are Used CANCELLED				
Institute 4: Becoming Lean: Basic Concepts in Quality Improvements				
Institute 5: Learning from Failure in Global Prevention				
Half-Day PM – 1:15pm – 5:30pm				
Institute 6: Local Public Health Authority				
Institute 7: Obesity Medicine Treatment				
Basic Registration Option: Thursday, February 25, 2016 – Saturday, February 27, 2016				
ACPM Member		\$725	\$475	\$1,045
Non-Member		\$925	\$1,150	\$1,245
Resident Member		\$340	\$360	\$410
Resident Non-Member		\$405	\$425	\$475
Medical Student Member		\$315	\$325	\$385
Medical Student Non-Member		\$370	\$380	\$450
EXPIRED OPTION				
TWO Day Thursday, February 25, 2016 and Friday, February 26, 2016				
ACPM Member		\$515	\$615	\$845
Non-Member		\$715	\$845	\$1,015
TWO Day Friday, February 26, 2016 and Saturday, February 27, 2016				
ACPM Member		\$515	\$615	\$845
Non-Member		\$715	\$845	\$1,015
* * * * * Special Events * * * * *				
Residency Director's Workshop – Wednesday, February 24, 2016 [9am – 5pm]		\$150 ACPM Member \$200 Non-Member		
ACPM Advocacy Day - Wednesday, February 24, 2016 [8:30am – 4pm] *** Deadline for registration is February 5, 2016 *** Provide your FULL HOME ADDRESS: _____		No Charge – Headcount Only! CLOSED		
* * * EVENING WORKSHOPS * * * Wednesday, 6:30pm – 9:30pm * * *				
Institute 8: Medical Fitness for Clinical Preventive Medicine and Culinary Medicine CLOSED				
Institute 9: QI Is a Team Sport: Understanding Complexity in QI Projects				
Institute 10: Strategic Networking Skills - Building for Career Impact		No Charge – Headcount Only!		
Institute 11: Development of Public Health Abstracts for Acceptance at Scientific Conference [11am - 1pm] CANCELLED		No Charge – Headcount Only!		
Awards Banquet Ticket – Friday, February 26, 2016 [7pm – 10pm]		\$95		

PAYMENT INFORMATION – ACPM Federal Taxpayer ID: 23-1722119

Credit Card Number: _____ Exp. Date: _____ CVV2 (required) _____

Total Amount: \$ _____ Cardholder Name: _____ Signature: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Speaker/Moderator Discount * Deduct \$100: Discounts will be verified; if you are not a speaker/moderator you will be billed.