

REGISTRATION INFORMATION

Registration fees includes: Coffee breaks each day of the meeting, opening reception, conference materials, including the final conference program. CME and MOC credits are included for ACPM members **ONLY**, a \$10/credit fee applies to non-members.



Preventive Medicine 2013 Conference Registration Form

American College of Preventive Medicine

Online registration at www.preventivemedicine2013.org

Please use one form per registrant. Duplicate this form as necessary to register more than one person.

***** Please TYPE/PRINT the following information: (Note this information will be used when printing name tags) *****

Name: (First): _____ (Last) _____ Degrees: _____

Title: _____ Institution: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

E-mail: _____ American College of Preventive Medicine Member/ID # _____
 (Visit www.acpm.org for membership information or to join!)

Special Dietary Needs: Vegetarian Kosher Vegan Gluten Free No Meal Restrictions

This is my first time attending a Preventive Medicine Meeting Special Mobility Needs: _____

REGISTRATION (PER PERSON)		Advanced Registration Before 12-30-12	Regular Registration Before 2-10-13	Onsite Registration After 2-10-13	Sub-total
Special Institute Package Wednesday - Saturday Registration Includes registration for any institute (any combination of AM/IPM or FULL day) on Wednesday, February 20 nd plus full conference Please make your institute selection on the next page with no additional cost! *Does not include Residency Director's Workshop	ACPM Member	<input type="checkbox"/> \$700	<input type="checkbox"/> \$800	<input type="checkbox"/> \$850	\$
	Non-Member	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,050	\$
	<input type="checkbox"/> Resident Member	<input type="checkbox"/> \$320	<input type="checkbox"/> \$340	<input type="checkbox"/> \$360	\$
	<input type="checkbox"/> Medical Student Member	<input type="checkbox"/> \$185	<input type="checkbox"/> \$205	<input type="checkbox"/> \$225	\$
	<input type="checkbox"/> Resident Non-Member	<input type="checkbox"/> \$320	<input type="checkbox"/> \$340	<input type="checkbox"/> \$360	\$
<input type="checkbox"/> Medical Student Non-Member	<input type="checkbox"/> \$185	<input type="checkbox"/> \$205	<input type="checkbox"/> \$225	\$	
		Advanced Registration Before 12-30-12	Regular Registration Before 2-10-13	Onsite Registration After 2-10-13	Sub-total
Other Registration Options Thursday-Saturday Registration Only	ACPM Member	<input type="checkbox"/> \$645	<input type="checkbox"/> \$745	<input type="checkbox"/> \$795	\$
	Non-Member	<input type="checkbox"/> \$845	<input type="checkbox"/> \$945	<input type="checkbox"/> \$995	\$
	<input type="checkbox"/> Resident Member	<input type="checkbox"/> \$265	<input type="checkbox"/> \$285	<input type="checkbox"/> \$305	\$
	<input type="checkbox"/> Medical Student Member	<input type="checkbox"/> \$130	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	\$
	<input type="checkbox"/> Resident Non-Member	<input type="checkbox"/> \$330	<input type="checkbox"/> \$350	<input type="checkbox"/> \$370	\$
	<input type="checkbox"/> Medical Student Non-Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$215	<input type="checkbox"/> \$235	\$
			Price	Quantity	Sub-total
Special Events	Additional ACPM Opening Reception Ticket (one ticket is included with registration)	Thursday Feb. 21 st	\$50/each x	_____	\$
	ACPM Awards Banquet Ticket	Saturday Feb. 23 rd	\$95/each x	_____	\$

Skill-Building Institutes * * * Wednesday, February 20th ONLY * * * Please select one FULL day <u>or</u> a combination of morning (AM)/afternoon(PM) sessions	Wednesday ONLY Registrants * * * ACPM Members	Wednesday ONLY Registrants * * * Non-Members	PACKAGE RATE (INCLUDED in special package rate registrants)	Sub-total
Institute 1: Preventive Medicine Board Review (FULL DAY)	<input type="checkbox"/> \$260	<input type="checkbox"/> \$300	<input type="checkbox"/> \$0	
Institute 2: Stopping Tobacco: From the Community to the Clinic (FULL DAY)	<input type="checkbox"/> \$260	<input type="checkbox"/> \$300	<input type="checkbox"/> \$0	
Institute 3: A HITECH Game Changer: Meaningful Use of EHR Technology for Personal and Population Health Practice (FULL DAY)	<input type="checkbox"/> \$260	<input type="checkbox"/> \$300	<input type="checkbox"/> \$0	
Institute 4: Ethics Workshop (AM)	<input type="checkbox"/> \$130	<input type="checkbox"/> \$150	<input type="checkbox"/> \$0	
Institute 5: How to Write a Scientific Abstract (PM)	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	
* * * * * Please note there is separate registration for the 2013 Residency Director's Workshop * * * * * forms are available at www.acpm.org/event/2013RDWorkshop				

Speaker/Moderator Discount:

<input type="checkbox"/> I am a speaker/moderator eligible for the \$100 registration discount <i>(Discounts will be verified. If you are not a speaker/moderator, you will be billed for this amount)</i>	Session#(s): _____	Discount Applied	\$ 100
---	--------------------	------------------	--------

Total Due to ACPM	\$ _____
--------------------------	----------

Payment Information

(Credit card payments can be faxed to ACPM at (202) 466-2662)

Check (U.S. currency only) – Make payable to ACPM
 AMEX
 MasterCard
 Visa
 Discover

Credit Card # _____ CVV2 _____ Exp. Date ____ / ____
(REQUIRED)

Signature _____ Print name as it appears on card _____

Billing Address: _____
(No P.O. Box please)

City: _____ State: _____ Zip: _____

- ACPM Federal Taxpayer ID # 23-1722119
- Forms must be accompanied by payment
- Please mail with payment or email form with complete payment information to:
 American College of Preventive Medicine (ACPM)
 455 Massachusetts Avenue, NW, Suite 200
 Washington, DC 20001
Email: wmanson@acpm.org
Fax: (202) 466-2662
- All **cancellations** must be in writing and sent by email to wmanson@acpm.org on or before **February 1, 2013**. A \$100 cancellation fee applies. **No refunds will be issued after 2/1/2013**
- **Please note that ACPM does not accept registrations over the phone**
- For registration questions, please contact Wanda Manson, Office Manager at wmanson@acpm.org or by calling (202) 466-2044 ext. 111