

(Complete one form per registrant.)

Given Name/First Name _____ Family Name/Surname/Last Name _____

Degree(s) _____ Title _____

Organization/Affiliation _____

Street Address _____ City _____ State _____ ZIP/Postal Code _____ Country _____

Business Telephone _____ Business Fax _____

E-Mail _____

- Check here if you are a first time attendee.
- Check here if you would like to update your member profile with the contact information you listed above.
- Check here if you do not want your mailing address to be included on the Pre-Registration List

REGISTRATION FEES		On or before		After	
		February 8, 2019		February 8, 2019	
Member Registration Rates:		<input type="checkbox"/>	\$700	<input type="checkbox"/>	\$925
SAHM Member Doctorate Level		<input type="checkbox"/>	\$625	<input type="checkbox"/>	\$850
SAHM Member Non Doctorate Level		<input type="checkbox"/>	\$625	<input type="checkbox"/>	\$625
SAHM Emeritus Member		<input type="checkbox"/>	\$625	<input type="checkbox"/>	\$625
Honorary Member		<input type="checkbox"/>	\$625	<input type="checkbox"/>	\$625
International Members and International Non Members		<input type="checkbox"/>	\$625	<input type="checkbox"/>	\$625
Non Member Registration Rates:		<input type="checkbox"/>	\$1120	<input type="checkbox"/>	\$1345
Non Member Doctorate Level		<input type="checkbox"/>	\$980	<input type="checkbox"/>	\$1205
Non Member Non Doctorate Level					
Zone 3 and Zone 4 Rates:		<input type="checkbox"/>	\$315	<input type="checkbox"/>	\$315
<i>SAHM offers discounted registration rates for attendees residing in countries categorized as Low Income Zone 3 or Zone 4 by the World Bank.</i>					
Zone 3 Residents		<input type="checkbox"/>	\$155	<input type="checkbox"/>	\$155
Zone 4 Residents					
Single Day Registrations:		<input type="checkbox"/>	\$275 per day	<input type="checkbox"/>	\$400 per day
SAHM Member or Non Member		<input type="checkbox"/>	\$100 per day	<input type="checkbox"/>	\$100 per day
*Student/Trainee					
Please check day(s)		<input type="checkbox"/>	March 6th	<input type="checkbox"/>	March 7th
		<input type="checkbox"/>	March 8th	<input type="checkbox"/>	March 9th
*Students/Trainees must be full-time and must submit a letter of verification signed by a program director or dean in order to receive the discounted rate.					
**Price includes both events: Training Institute and Capitol Hill Visit. Events are not sold separately.					
					Total Payment: \$_____

Payment

- Check enclosed payable to the Society for Adolescent Health and Medicine.
 - VISA MasterCard American Express Discover
- SAHM tax I.D. # 23-7035351

Amount on Card: \$_____

Signature _____

Name on Card _____

Expiration Date _____

Credit Card Number _____

Cancellations

Notification of cancellation must be submitted to SAHM headquarters in writing. A \$100 cancellation fee will apply to cancellations received by January 30, 2019. No fees will be refunded for cancellations received after January 30, 2019.

Please indicate any special needs.



* Registration closes on February 22, 2019. After February 22, 2019, you must register at the meeting.

Return this form with payment to

Society for Adolescent Health and Medicine
SAHM PO Box 88608
Chicago, IL 60680-1618 USA
Credit card registrations may be faxed to +1-847-686-2253.

Note: If you fax a registration with credit card payment, DO NOT mail an additional copy.

NOTE: Full payment is required to process registration. Enclose a check payable to the Society for Adolescent Health and Medicine in U.S. funds drawn on a U.S. bank, U.S. postal money orders or U.S. travelers' checks, or provide credit card information above. **Only onsite registrations will be accepted after February 22, 2019.**

Questions?

Call Andrea Ward at SAHM Headquarters at +1 847-686-2282.
Email: award@adolescenthealth.org