Annual Conference Individual Registration

October 18–19, 2019 | Loews Chicago O'Hare | Rosemont, IL

AAHCM AMERICAN ACADEMY OF HOME CARE MEDICINE

FOR DATA USE ONLY
Cust#_____ Mtg Ord # 1-_____
Date_____ | _____

Please print clearly. Duplicate as necessary for each attendee.

Complete name: _____ First name for badge: _____

Title: _____ Credentials: _____

Company: _____ Company city/state: _____

Mailing address (☐ home ☐ work): _____

City: _____ State: _____ Zip code: _____

Home phone: (___) _____ Work phone: (___) _____

E-mail address (required*): _____
**Confirmation of your registration will be sent via e-mail only to the e-mail address you provide here.*

Emergency contact: _____ Emergency contact phone: _____

4 Ways to Register

Online*: www.aahcm.org/2019AnnualMeeting **Fax*:** 847.375.6395 **Phone*:** 847.375.4719 ***Credit card payment only.***
Mail: AAHCM Conference, 8735 W. Higgins Road, Suite 300, Chicago, IL 60631

Full Conference Registration* A

Registration Rates	Early Bird On or before 9/13/19	9/14/19–10/16/19	Onsite On or after 10/17/19
Full Member	☐ $435	☐ $485	☐ $525
Resident/Student Member	☐ $150	☐ $150	☐ $150
Nonmember	☐ $615	☐ $665	☐ $735
Nonmember Resident/Student	☐ $250	☐ $250	☐ $250

Must fax or e-mail a copy of valid student ID to AAHCM Member Services within 2 days of submitting registration.

Join & Register Rates Includes 1 year of membership and conference registration.

	Early Bird On or before 9/13/19	9/14/19–10/16/19	Onsite On or after 10/17/19
Join & Register Physician Member	☐ $695	☐ $745	☐ $785
Join & Register NP/PA Member	☐ $645	☐ $695	☐ $735
Join & Register Associate Member	☐ $560	☐ $610	☐ $650
Join & Register Resident/Student Member	☐ $225	☐ $225	☐ $225
Join & Register Director/ Administrator Member	☐ $640	☐ $690	☐ $730

***Special rates available for groups of 5 or more.**
Contact 847.375.4719 or see the Group Reg Form for more information.

Subtotal A $_____

Guest Registration B

Guests are welcome at meal and social functions only. CE credit is not available to guests.

(GST) ☐ $250 Name _____

Subtotal B $_____

Special Requests C

☐ I require kosher meals. ☐ I require vegetarian meals.
☐ I am a first-time conference attendee. ☐ I have other needs. Please contact me.

Optional Preconference Sessions by HCCI* D

Thursday, October 17	Clinical Session: 9 am–Noon	Practice Management Session: 1–4 pm	Both Sessions
Physicians	☐ $135	☐ $135	☐ $240
Advanced Practice Providers, Residents/Fellow, Practice Managers, Allied Health Professionals	☐ $90	☐ $90	☐ $165

HCCI HOME CENTERED CARE INSTITUTE *By registering for this event, you authorize HCCI to contact you regarding the event.

Subtotal D $_____

Donation E

Donations will be directed toward enhancing care delivery and workforce preparedness through research and education.

☐ $25 ☐ $50 ☐ $75 ☐ $100 ☐ $150 ☐ $200 ☐ $250

Subtotal E $_____

How did you hear about this meeting?
☐AAHCM Email ☐Colleague ☐Mailed Brochure ☐Digital Ad/Promo ☐Social Media ☐Other

Please select the position you most identify as:
☐Nurse ☐Nurse Practitioner ☐Physician ☐Physician's Assistant
☐Practice Manager/Administrator ☐Social Worker ☐Other

How many years have you been in in home care medicine?
☐0-1 year ☐1-5 years ☐6-10 years ☐11-15 years ☐16-20 years ☐20+ years ☐n/a

If you work in a practice, how many medical providers work in your practice? _____

If you work in a practice, how many total staff work in your practice? _____

A boxed lunch will be provided Friday and Saturday.
Please select the days we can provide you lunch: __Friday __Saturday

Total Amount Due

A + B + D + E = $_____

PAYMENT

☐ **Check** (enclosed)
• Make check payable to AAHCM. • Checks not in U.S. funds will be returned. • A charge of $25 will apply to checks returned for insufficient funds.

☐ **MasterCard** ☐ **Visa** ☐ **Discover** ☐ **American Express**
• I authorize AAHCM to charge the below-listed credit card amounts deemed by AAHCM to be accurate and appropriate.

Account number: _____ Exp. date: _____

Signature: _____ CCV: _____

Cardholder's name (please print) _____

• If rebilling of a credit card charge is necessary, a $25 processing fee will be charged. **If payment does not accompany this form, your registration will not be processed.**

Cancellation Policy: All cancellations must be made in writing. A $95 processing fee will apply to all cancellations. No refunds will be made on cancellations postmarked after September 17, 2019. All refunds will be processed after the Annual Meeting. AAHCM and HCCI reserve the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. No refunds can be made for lodging, airfare, or any other expenses related to attending the AAHCM Annual Meeting.

Photography Disclosure: A professional photographer may take photos of participants at AAHCM's programs and events. These photos are for AAHCM's use only and may appear on AAHCM's website, in printed brochures, or in other promotional materials. Attendee registration grants AAHCM permission and consent for use of this photography.