

ASBH 21st Annual Conference Registration

October 24–27, 2019 • David L. Lawrence Convention Center • Pittsburgh, PA

For Office Use Only	
Cust # _____	Mtg Ord # _____
Date _____	I _____

Please print or type clearly. Use a separate form for each registrant and duplicate as necessary.

Complete name _____ First name for badge _____

Title _____ Credentials (Limit to 8 characters) _____

Employer _____ Employer's city/state _____

Mailing address (home work) _____

City/state/zip code _____ E-mail address (required*) _____

*Confirmation of your registration will be sent only via e-mail to the e-mail address that you provide here.

Home phone (____) _____ Work phone (____) _____ This will be my first ASBH Annual Conference.

Emergency contact _____ Home phone (____) _____ Work phone (____) _____

To register, make your selections in the boxes below. Add the subtotals and indicate the total amount in Box G.

Full Conference Registration: October 24–27 (Be sure to complete Box D.)

Registration Rates	On or Before 9/24/2019	After 9/24/2019
ASBH Member	<input type="checkbox"/> \$410	<input type="checkbox"/> \$510
Nonmember	<input type="checkbox"/> \$710	<input type="checkbox"/> \$810
Student*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
Join and Register (regular member)	<input type="checkbox"/> \$410	<input type="checkbox"/> \$510
Join and Register (student*)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200

Membership Rates	Dues
Annual Income	
Less than \$35,000	<input type="checkbox"/> \$60
\$35,000–\$64,999	<input type="checkbox"/> \$105
\$65,000–\$79,999	<input type="checkbox"/> \$140
\$80,000–\$99,999	<input type="checkbox"/> \$180
\$100,000–\$149,999	<input type="checkbox"/> \$240
\$150,000 and up	<input type="checkbox"/> \$300
Sustaining member	<input type="checkbox"/> \$500

*See www.asbh.org for details.

Meeting Fee Subtotal \$ _____

Membership Dues Subtotal \$ _____
Subtotal A \$ _____

Preconference Sessions: Thursday, October 24

(See www.asbh.org or page 3 of the conference brochure for descriptions and codes.)

8 am–Noon Member \$110 Nonmember \$160 Student* \$55

*See www.asbh.org for details.

Subtotal D \$ _____

Special Requests

- I will need a vegetarian meal.
- I will be using a wheelchair at the conference. (This information is needed to project space accommodation for meetings and other functions.)
- I do not wish to have my name included in the onsite attendee list.
- I have other needs. Please contact me.

Guest Pass \$75 (GUEST) (See www.asbh.org for description.)

Name _____ Subtotal G \$ _____

Total Amount Due (A or B) + C + D + F \$ _____

1-Day or Weekend Conference Registration (for registrants attending 1 day of the conference or Saturday and Sunday only)

Check the day you will attend.

- Thursday Friday
 Saturday and Sunday

	On or Before 9/24/2019	After 9/24/2019
Member Daily or Weekend	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Nonmember Daily or Weekend	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450
Student* Daily or Weekend	<input type="checkbox"/> \$65	<input type="checkbox"/> \$115

*See www.asbh.org for details.

Subtotal B \$ _____

Continuing Education Credit

Individuals seeking credit may select from among four types. Note the processing fee for receiving continuing education credit.

- (CME) Continuing Medical Education \$180
(CNE) Continuing Nursing Education \$100
(SW) Social Work Continuing Education \$65
(PCE) Professional Continuing Education \$65

Subtotal C \$ _____

Payment

Check (enclosed)

- Make check payable to ASBH.
- A charge of \$25 will apply to checks returned for insufficient funds.
- Checks not in U.S. funds will be returned.



- If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.

Account number _____ Expiration date _____

Signature _____

Cardholder's name (Please print) _____

In the event of a miscalculation, I authorize ASBH to charge to this credit card an amount ASBH reasonably deems to be accurate.

4 easy ways to register

Online www.asbh.org
credit card payment only

Fax 847.375.6482
credit card payment only

Mail ASBH Conference
P. O. Box 3781
Oak Brook, IL 60522

Phone 847.375.4745
credit card payment only

If payment does not accompany this form, your registration will not be processed.

Cancellation policy: All cancellation requests must be made in writing. A \$75 processing fee applies to all cancellations. No refunds will be made on cancellations postmarked after October 11, 2019. All refunds will be processed after the conference. ASBH reserves the right to substitute faculty or cancel or reschedule sessions because of low enrollment or other unforeseen circumstances. If ASBH must cancel the conference, registrants will receive a full credit for or refund of their paid registration fees. ASBH cannot issue refunds for lodging, airfare, or any other expenses related to attending the conference.