

# ASBH 25TH ANNUAL CONFERENCE REGISTRATION

OCTOBER 11-14, 2023 • BALTIMORE, MD

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

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

Complete name \_\_\_\_\_

Title \_\_\_\_\_ Credentials (Limit to 8 characters) \_\_\_\_\_

Employer \_\_\_\_\_ Employer's city/state \_\_\_\_\_

Mailing address ( home  work) \_\_\_\_\_

City/state/ZIP \_\_\_\_\_ 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 H.**

## Full Conference Registration: October 11-14 (Be sure to complete Box C.)

Registration Rates	On or Before 9/15/2023	After 9/15/2023
ASBH Member	<input type="checkbox"/> \$430	<input type="checkbox"/> \$530
Nonmember	<input type="checkbox"/> \$745	<input type="checkbox"/> \$845
Student*	<input type="checkbox"/> \$105	<input type="checkbox"/> \$205
Join and Register (regular member)	<input type="checkbox"/> \$430	<input type="checkbox"/> \$530
Join and Register (student*)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$205

Meeting Fee Subtotal \$ \_\_\_\_\_

### Membership Rates

Annual Income	Dues	Annual Income	Dues
Less than \$35,000	<input type="checkbox"/> \$63	\$100,000-\$149,999	<input type="checkbox"/> \$252
\$35,000-\$64,999	<input type="checkbox"/> \$110	\$150,000-\$199,999	<input type="checkbox"/> \$315
\$65,000-\$79,999	<input type="checkbox"/> \$147	\$200,000 and higher	<input type="checkbox"/> \$380
\$80,000-\$99,999	<input type="checkbox"/> \$190	Sustaining member	<input type="checkbox"/> \$500

Membership Dues Subtotal \$ \_\_\_\_\_

\*See www.asbh.org for details on the student rate.

Subtotal A \$ \_\_\_\_\_

## Preconference Sessions: Wednesday, October 11

See www.asbh.org for a description of the preconference sessions.

<b>2-5:30 pm</b>	<input type="checkbox"/> Healthcare Ethics Consultant-Certified (HEC-C) Review Course (001)	\$125
<b>2-4 pm</b>	<input type="checkbox"/> Mediation Workshop: Conflict Resolution Skills for Ethics Committees (002)	\$85
<b>2-4 pm</b>	<input type="checkbox"/> Museum Tour: Reginald Lewis Museum (003)	\$85
<b>2-5:30 pm</b>	<input type="checkbox"/> Implementing a Cutting-Edge Ethics Consult Data System (004)	\$125
<b>4:30-6:30 pm</b>	<input type="checkbox"/> Mediation Workshop: Managing Challenging Conversations Through Skilled Facilitation (005)	\$85

Subtotal F \$ \_\_\_\_\_

Guest Pass  \$85 (GUEST) (See www.asbh.org for description.)

Name \_\_\_\_\_ Subtotal G \$ \_\_\_\_\_

## 1-Day Conference Registration

Check the day you will attend.  Thursday  Friday  Saturday

	On or Before 9/15/2023	After 9/15/2023
Member Daily	<input type="checkbox"/> \$260	<input type="checkbox"/> \$310
Nonmember Daily	<input type="checkbox"/> \$420	<input type="checkbox"/> \$470
Student* Daily	<input type="checkbox"/> \$65	<input type="checkbox"/> \$115

\*See www.asbh.org for details.

Subtotal B \$ \_\_\_\_\_

**Total Amount Due (A or B) + C + F + G \$ \_\_\_\_\_**

## 3 easy ways to register

<b>Online</b> www.asbh.org credit card payment only	<b>Mail</b> ASBH Conference P. O. Box 3781 Oak Brook, IL 60522	<b>Phone</b> 847.375.4745 credit card payment only
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## 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.

  **VISA**    **DISCOVER**

- 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.

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

**Health, Safety, and Productive Engagement Consent:** By registering for this meeting, you agree to adhere to all health and safety protocols put in place by ASBH for the 25th Annual Conference and agree to abide by the ASBH Productive Engagement Statement while attending and participating in the 25th Annual Conference.

**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 September 25, 2023. 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.