

ASBH 26TH ANNUAL CONFERENCE REGISTRATION

SEPTEMBER 18–21, 2024 • ST. LOUIS, MO

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: September 19–21 (Be sure to complete Box C.)

Registration Rates	On or Before 8/26/2024	After 8/26/2024
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"/> \$105
Join and Register (regular member)	<input type="checkbox"/> \$430	<input type="checkbox"/> \$530
Join and Register (student*)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105

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 \$ _____

Subtotal A \$ _____

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

1-Day Conference Registration

Check the day you will attend. Thursday Friday Saturday

	On or Before 8/26/2024	After 8/26/2024
Member Daily	<input type="checkbox"/> \$260	<input type="checkbox"/> \$310
Nonmember Daily	<input type="checkbox"/> \$420	<input type="checkbox"/> \$470

*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 \$95 (SW) Social Work Continuing Education \$50
(CNE) Continuing Nursing Education \$70 (PCE) Professional Continuing Education \$50

Subtotal C \$ _____

Specific Needs

I have specific mobility or accessibility needs to fully participate in this event. Please contact me.
 I have specific dietary needs:
 Gluten-free Vegan/Vegetarian
 Kosher Halal Nut-free
 Dairy-free Other restrictions

Preconference Sessions: Wednesday, September 18

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

2–5:30 pm

Healthcare Ethics Consultant-Certified (HEC-C) Review Course (001) \$125

2–4 pm

Mediation Workshop: Conflict Resolution Skills for Ethics Committees (002) \$85

3–6 pm

Beyond Case Discussions: Training Committee Members to Contribute to Clinical Ethics Work (003) \$125

4:30–6:30 pm

Mediation Workshop: Managing Challenging Conversations Through Skilled Facilitation (004) \$85

Subtotal F \$ _____

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

Name _____ Subtotal G \$ _____

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

3 easy ways to register

Online

www.asbh.org
credit card payment only

Mail

ASBH Conference
P. O. Box 88019
Chicago, IL 60680

Phone

847.375.4745
credit card payment only

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.

MasterCard

VISA

AMERICAN EXPRESS

DISCOVER

- If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.
- Please note that a 3% processing fee will be applied to all card transactions.

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 26th Annual Conference and agree to abide by the ASBH Productive Engagement Statement while attending and participating in the 26th 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 1, 2024. 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.

Photo Consent: Photos and videos may be taken of attendees to be used only by ASBH and its management company on ASBH's website or promotional/informational materials. Attendance at this event constitutes consent for ASBH's use of your data as set forth here.