

# ASBH 23RD ANNUAL CONFERENCE REGISTRATION

## OCTOBER 11-16, 2021 • Virtual Conference

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 \_\_\_\_\_

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 E.**

### Full Conference Registration: October 13–16 (Be sure to complete Box C.)

Registration Rates	On or Before	After
	9/13/2021	9/13/2021
ASBH Member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395
Nonmember	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695
Student*	<input type="checkbox"/> \$60	<input type="checkbox"/> \$160
Join and Register (regular member)	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395
Join and Register (student*)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$160

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

#### Membership Rates

Annual Income	Dues
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

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

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

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

### 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

(CNE)  Continuing Nursing Education \$70

(SW)  Social Work Continuing Education \$50

(PCE)  Professional Continuing Education \$50

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

### Special Requests

I would like to request a special accommodation as outlined by the Americans with Disabilities Act to obtain access to conference content. Please contact me.

## 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

### Preconference Sessions: Tuesday, October 12

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

#### 11–11:45 am CDT

Doing Bioethics and Humanities in Public: Learnings from Hastings Center Initiatives (003)  
Member  \$45 Nonmember  \$60 Student\*  \$20

#### Noon–3:30 pm CDT

Healthcare Ethics Consultant-Certified (HEC-C) Review Course (001)  
Member  \$110 Nonmember  \$160 Student\*  \$55

#### Noon–12:45 pm CDT

Who Do I Trust? Learning and Action for Policy Advocacy (004)  
Member  \$45 Nonmember  \$60 Student\*  \$20

#### 1–1:45 pm CDT

Public Bioethics: Bringing Our Social Justice Work to Popular Media (005)  
Member  \$45 Nonmember  \$60 Student\*  \$20

#### 1:30–3:30 CDT

Responding to Ethical Dilemmas in Children's Hospitals (002)  
Member  \$75 Nonmember  \$105 Student\*  \$40

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

Subtotal D \$ \_\_\_\_\_

**Total Amount Due A + B + D \$ \_\_\_\_\_**

### 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**  
FINANCIAL SERVICES

- 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.**

**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 1, 2021. 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.