

Registration Information

Registration fees include: continental breakfast, lunch and coffee breaks, all conference materials, including a final program, and CME/MOC credits for ACPM members.

How to Register?

- **By fax:** If paying by credit card, please fill out the registration form below, complete it in full, and fax with payment to: 202.466.2662.
- **Online:** To register online please go to www.preventivemedicine2010.org

CME and MOC credits: Please note that CME and MOC credits are free for ACPM members. The non-member rate is \$10 per credit. Please contact Jennifer Edwards at jedwards@acpm.org for membership information.

Questions? Please contact Haydee Barno, Director, Meetings and Events at hbarno@acpm.org or call 202.466.2044, ext.103

Conference Registration Form

Easy, online registration at <http://preventivemedicine2010.org/>

Please use one form per registrant. Duplicate this form as necessary to register more than one person.

Please print or type the following information: (Note this information will be used when printing name badges)

First Name: _____ Last Name: _____ Degrees: _____
 Title: _____ Institution: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Please check all that apply:

- I am a member of the American College of Preventive Medicine (ACPM): Yes No
- This is my first time attending a Preventive Medicine Conference: Yes No
- I am a Residency Director Name of Residency Program: _____

Special Dietary/Mobility Needs:

- I have special dietary needs as follows: Vegetarian Kosher Vegan
- Medical/Religious. Please specify: _____
- I have special mobility needs. Please describe: _____

REGISTRATION (PER PERSON)

Advanced Registration (Postmarked or faxed by December 18th, 2009)	ACPM Members	Non-Members	Total
<input type="checkbox"/> Full Conference + Institute (Wednesday-Saturday)*	\$600	\$725	\$
<input type="checkbox"/> Full Conference-Resident/Student + Institute (Wednesday-Saturday)*	\$300	\$335	\$
<input type="checkbox"/> Full Conference (Thursday-Saturday)	\$545	\$670	\$
<input type="checkbox"/> Full Conference-Resident/Student (Thursday-Saturday)	\$245	\$280	\$
<input type="checkbox"/> Single Day: (any one day only) please specify: _____	\$225	\$280	\$
<input type="checkbox"/> Spouse/Friend Attending ACPM Opening Reception	\$40	\$40	\$
<input type="checkbox"/> Spouse/Friend Attending ACPM Awards Banquet	\$85	\$85	\$
<input type="checkbox"/> I am attending ACPM Awards Banquet	\$85	\$85	\$

Regular Registration (From December 18th, 2009 to February 10th, 2010)	ACPM Members	Non-Members	Total
<input type="checkbox"/> Full Conference + Institute (Wednesday-Saturday)*	\$700	\$825	\$
<input type="checkbox"/> Full Conference-Resident/Student + Institute (Wednesday-Saturday)*	\$320	\$360	\$
<input type="checkbox"/> Full Conference (Thursday-Saturday)	\$645	\$770	\$
<input type="checkbox"/> Full Conference-Resident/Student (Thursday-Saturday)	\$265	\$305	\$
<input type="checkbox"/> Single Day: (any one day only) please specify: _____	\$275	\$400	\$

Late/Onsite Registration (After February 10th, 2010)	ACPM Members	Non-Members	Total
<input type="checkbox"/> Full Conference + Institute (Wednesday-Saturday)	\$750	\$875	\$
<input type="checkbox"/> Full Conference (Thursday-Saturday)	\$695	\$820	\$
<input type="checkbox"/> Single Day: (any one day only) please specify: _____	\$325	\$450	\$

If you select this registration option you must select an institute below. No additional payment is required for the institute. Please make sure you check the appropriate box.*

Skill-Building Institutes Only

Full Day Institutes (Select One Only) Half Day Institutes (Select One or Two Half Day AM/PM institutes)	ACPM Members	Non- Members	Wednesday -Saturday ONLY
<input type="checkbox"/> Preventive Medicine Board Review Institute: Clinical Preventive Medicine and Environmental Health	\$160	\$200	<input type="checkbox"/> \$0
<input type="checkbox"/> Clinical/Lifestyle Medicine Institute: Use of Health IT in Clinical Preventive Medicine (AM ONLY)	\$80	\$100	<input type="checkbox"/> \$0
<input type="checkbox"/> Clinical/Lifestyle Medicine Institute: Counseling for Sustainable Health Behavior Change (PM ONLY)	\$80	\$100	<input type="checkbox"/> \$0
<input type="checkbox"/> Clinical Preventive Medicine Institute: (ALL DAY)	\$160	\$200	<input type="checkbox"/> \$0
<input type="checkbox"/> Public Health Practice Institute: Adolescent Health and Preventive Services (AM ONLY)	\$80	\$100	<input type="checkbox"/> \$0
<input type="checkbox"/> Public Health Practice Institute: Local Health Authority (PM ONLY)	\$80	\$100	<input type="checkbox"/> \$0
<input type="checkbox"/> Public Health Practice Institute: (ALL DAY)	\$160	\$200	<input type="checkbox"/> \$0
<input type="checkbox"/> Advance Advocacy and Policy Institute (ALL DAY)	\$160	\$200	<input type="checkbox"/> \$0
<input type="checkbox"/> Residency Program Directors Workshop (NOT INCLUDED IN PKG RATE)	\$150	\$200	<input type="checkbox"/> \$

Speaker/Moderator Discount:

<input type="checkbox"/> I am a speaker/moderator eligible for the \$100 registration discount (Discounts will be verified. If you are not a speaker/moderator you will be billed for this amount)	Discount Applied	\$ 100
<input type="checkbox"/> Complimentary One day Only. (For speakers attending one day only-Day of Presentation)	Complimentary	\$ 0

Total Due to ACPM	\$
--------------------------	----

Payment Information (Credit card payments can be faxed to ACPM at 202.466.2662)

Check (U.S. currency only) – Make payable to American College of Preventive Medicine

American Express MasterCard Visa Discover

Credit Card # _____ Exp. Date _____ Signature _____

Print name as it appears on card _____

Billing Address (No P.O. Box please) _____

City: _____ State: _____ Zip _____

- ▶ ACPM Federal Taxpayer ID # 23-1722119
- ▶ Forms must be accompanied by payment
- ▶ Please mail with payment or fax form with complete payment information to:
American College of Preventive Medicine (ACPM)
455 Massachusetts Avenue, NW, Suite 200
Washington, DC 20001
- ▶ All cancellations must be in writing and sent by email or fax to 202.466.2662 or hbarno@acpm.org on or before **February 1st, 2010**. A \$100 cancellation fee applies.