# APHL 2024
# May 6-9, 2024 - Baird Center, Milwaukee, WI

## REGISTRATION FORM

Name and Degree (s) _____

Title _____

Institution _____

Department _____

Address _____

City/State/Zip _____

Country _____Telephone _____ Fax _____

Email _____

☐ Vegetarian ☐ Gluten-free ☐ Special Accommodations _____

☐ I want a paper final program onsite
☐ Tuesday Lunch in the Exhibit Hall
☐ Wednesday Lunch in the Exhibit Hall
☐ First Time Attendee
☐ Exhibitors may have access to my email address
☐ Wednesday Awards Breakfast
☐ Wisconsin Lab Tour – Clinical
☐ Wisconsin Lab Tour – Environmental

**Registration Fees** — May 6-9, 2024

☐ $650 Member
☐ $795 Non-Member
☐ Waived Emeritus
☐ $350 One-Day (Mon., Tues., Wed. or Thurs.)
☐ $200 Student
☐ $450 Fellow

Total Enclosed $ _____

Payment

☐ Check (Payable to APHL) ☐ American Express, Mastercard, Visa

Credit Card Number _____ Expiration Date _____

Cardholder's Full Name _____ Security Code _____

Cardholder's Signature _____

What is your current job classification/position?
____ Administrative staff ____ Executive leadership ____ Fellow/Intern/Student ____ Laboratory scientist/Bench laboratorian
____ Other (please specify) _____

What best describes your organization?
____ State/local/territorial laboratory (public health, environmental, agricultural, chemical, etc.) ____ Academia ____ Industry
____ Healthcare, including clinical laboratory ____ Federal agency (CDC, EPA, FDA, etc.) ____ Retired
____ Professional organizations (APHL, ASCP, ASM, APHA, ASTHO, CSTE, NACCHO, etc.)
____ Other (please specify) _____

What is your primary area of interest?
____ Environmental health ____ Food safety ____ Global health ____ Infectious diseases ____ Informatics
____ Newborn screening/genetics ____ Public health preparedness and response ____ Quality systems and analytics
____Workforce/training ____Other (please specify) _____

How many APHL Annual Conferences have you attended?
____This is my first APHL Annual Conference ____1-3 ____ 4-10 ____ More than 10

The registration fee includes all sessions, activities and functions of the meeting unless specifically excluded. Included food functions are one breakfast, two lunches and two receptions. Pre-payment is required. APHL's Federal ID number is 52-1800436. If you require special accommodation, please contact us at least six weeks in advance. Cancellation Policy: Cancellations before April 2, 2024 will be refunded with a $100 cancellation fee deducted. No refunds for cancellations after April 2, 2024.Please submit this registration form, or the one at www.aphl.org/AC, and payment to fax: 240.485.2700, or APHL, PO Box 79117, Baltimore, MD 21279-0117. Credit card payment is no longer accepted via email. Register online or call Terry Reamer at 240.485.2776 to pay by credit card.