

# Registration Form

## Badge Information and Mailing Address

ACNM MEMBERSHIP NUMBER		PRACTICE/INSTITUTION/EDUCATION PROGRAM		
NAME		CREDENTIALS		
STREET ADDRESS				
CITY	STATE	POSTAL CODE	COUNTRY	
PHONE	FAX	E-MAIL		

## Registration Fees

Registration Type	Early Bird <i>by April 6, 2015</i>	Advance <i>April 7–June 19, 2015</i>	On-Site <i>After June 19, 2015</i>
<input type="checkbox"/> Active Member*	<input type="checkbox"/> \$465	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
<input type="checkbox"/> Active– Advancing Member*	<input type="checkbox"/> \$360	<input type="checkbox"/> \$405	<input type="checkbox"/> \$425
<input type="checkbox"/> Active– New Midwife Member*	<input type="checkbox"/> \$310	<input type="checkbox"/> \$355	<input type="checkbox"/> \$375
<input type="checkbox"/> Active– First Year Member*	<input type="checkbox"/> \$310	<input type="checkbox"/> \$355	<input type="checkbox"/> \$375
<input type="checkbox"/> Active Supporting Member	<input type="checkbox"/> \$390	<input type="checkbox"/> \$475	<input type="checkbox"/> \$530
<input type="checkbox"/> Associate Member (Friend)	<input type="checkbox"/> \$390	<input type="checkbox"/> \$475	<input type="checkbox"/> \$530
<input type="checkbox"/> Student**	<input type="checkbox"/> \$265	<input type="checkbox"/> \$310	<input type="checkbox"/> \$330
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$685	<input type="checkbox"/> \$770	<input type="checkbox"/> \$925
<input type="checkbox"/> Non-Member Student**	<input type="checkbox"/> \$365	<input type="checkbox"/> \$410	<input type="checkbox"/> \$430
<input type="checkbox"/> One-Day Registration Member***	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210
<input type="checkbox"/> One-Day Registration Non-Member***	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230

\*You must provide your ACNM member number. \*\*A valid student ID may be requested at registration on-site. \*\*\*Two-Day Maximum

For one day registrations, please select the day(s):  Sun  Mon  Tue  Wed

## Workshops

**Regular Rate:** Full Day \$250 • Half Day \$150

**Student Rate:** Full Day \$125 • Half Day \$75

*Special Rates May Apply*

Tickets are assigned on a first-come, first-served basis. Refer to the Workshop listing on the meeting website at [www.midwife.org/AM2015-Workshops-And-Education-Sessions](http://www.midwife.org/AM2015-Workshops-And-Education-Sessions) for full descriptions and special rates. Please list your first and second choices.

1. \_\_\_\_\_

2. \_\_\_\_\_

ACNM makes financial obligations based on the number of tickets sold, we cannot refund tickets unless the workshop is cancelled. In the event of a workshop cancellation, ACNM will reassign you to another workshop of your choice at an equal value or issue a refund.

## Annual Meeting Registration Fees Include:

- Access to sessions (opening, premier, and education sessions)
- Access to research and general poster sessions
- Access to the exhibition including daily meal
- Post-meeting online access to educational sessions and materials and CEU print-on-demand certificates
- Meeting materials and bag
- Coffee breaks
- Midwifery Celebration After Party

## Register Online at [www.midwife.org/am](http://www.midwife.org/am)

or mail your registration with payment to

ACNM 2015  
P.O. Box 758898; Baltimore, MD 21275-8896

**Questions?** E-mail: [annualmeeting@acnm.org](mailto:annualmeeting@acnm.org)  
Phone: 240-485-1800

## CANCELLATION AND REFUND POLICY

A \$50 cancellation fee will be assessed for all registration cancellations received on or before Monday, April 6th. Between Tuesday, April 7th and Friday, June 19th, a fee of 50% of the registration fee will be assessed. After Friday, June 19th, no cancellation refunds will be granted, except for extenuating circumstances (i.e. accident, illness, etc.) and must include appropriate verification. Fees paid for optional tickets, guest tickets and workshops are non-refundable. In the event of a workshop cancellation, ACNM will reassign attendees to another workshop at an equal value or issue a refund. Please access the ACNM website at [www.midwife.org/am](http://www.midwife.org/am) for detailed information on the meeting policies.

032315

## Optional Tickets

- \_\_\_ x \$45 = \$ \_\_\_\_\_ Midwifery Business Network Reception, *Sunday, June 28 • 8:30-10:30pm*
- \_\_\_ x \$35 = \$ \_\_\_\_\_ Division of Global Health Reception, *Sunday, June 28 • 7:30-9:30pm*
- \_\_\_ x \$50 = \$ \_\_\_\_\_ Midwives of Color Reception, *Saturday, June 27 • 7:00-9:00pm*
- \_\_\_ x \$25 = \$ \_\_\_\_\_ Midwives of Color Reception **Student Ticket**,  
*Saturday, June 27 • 7:00-9:00pm*
- \_\_\_ x \$60 = \$ \_\_\_\_\_ A.C.N.M. Foundation Fundraiser, *Monday, June 29 • 8:00-10:00pm*
- \_\_\_ x \$30 = \$ \_\_\_\_\_ A.C.N.M. Foundation Fundraiser **Student Ticket**,  
*Monday, June 29 • 8:00-10:00pm*
- \_\_\_ x \$50 = \$ \_\_\_\_\_ Midwives-PAC Rally **Members/Guest Ticket**,  
*Tuesday, June 30 • 4:30-6:30pm*
- \_\_\_ x \$15 = \$ \_\_\_\_\_ Midwives-PAC Rally **Student Ticket**, *Tuesday, June 30 • 4:30-6:30pm*
- \_\_\_ x \$35 = \$ \_\_\_\_\_ **Reserve Your Seat** for the Midwifery Awards Dinner  
(3 course meal dinner service) *Tuesday, June 30 • 7:00-12:00 midnight*
- \_\_\_ x \$75 = \$ \_\_\_\_\_ **Reserve Your Seat** for the Midwifery Awards Dinner Guest Ticket,  
(3 course meal dinner service) *Tuesday, June 30 • 7:00-12:00 midnight*
- \_\_\_ x \$0 = \$ \_\_\_\_\_ Attend Midwifery Celebration After Party Only (no dinner),  
*Tuesday, June 30 • 9:00-12:00 midnight*
- \_\_\_ x \$0 = \$ \_\_\_\_\_ Complimentary Exhibit Hall Access (meals not included)  
**Guest Ticket**
- \_\_\_ x \$15 = \$ \_\_\_\_\_ Complimentary Exhibit Hall Access including meals **Guest Ticket**  
(daily fee)  Sunday  Monday  Tuesday
- \_\_\_ x \$40 = \$ \_\_\_\_\_ Complimentary Exhibit Hall Access with meals  
3-day bundle **Guest Ticket**
- \_\_\_ x \$49 = \$ \_\_\_\_\_ CD of over 20 hours of recorded sessions

### Privacy Policy

In accordance with privacy legislation, we will not share your personal information with third parties, such as Annual Meeting sponsors without your prior consent. Indicate below if you wish to receive promotional materials from ACNM's 2015 Annual Meeting sponsors as a result of your registration for this meeting. If you select "Opt In", ACNM will communicate your details to Annual Meeting sponsors and you will receive promotional pieces related to the Annual Meeting either prior to and/or immediately after the meeting.

**Opt In**     **Opt Out**

### Lobby Day Participation

Please indicate if you plan to take part in Lobby Day activities during the Annual Meeting. For more information about Lobby Day schedule and activities, please visit our website at [www.midwife.org/am](http://www.midwife.org/am).

**Yes, I plan to participate in Lobby Day**

032315

## Payment

Total Registration Fees <i>(from page 1)</i>	
Total Workshop Fees <i>(from page 1)</i>	
Total Optional Tickets	
<b>GRAND TOTAL</b>	

**I have read and agree to ACNM's Cancellation and Refund Policy**

**Payment Type**     **Check**     **Credit Card:**     Visa     MC     Discover     AmEx

Payment can be made by check or credit card. Checks should be made payable to ACNM and must be in U.S. dollars drawn on a U.S. bank.

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

PRINT NAME ON CARD

SIGNATURE