



## 2015 Healthy Aging Summit Registration Form

**Use one form per registrant. Duplicate this form as necessary to register more than one person.**

**\*\*\* TYPE/PRINT your information: (Note this information will be used when printing name tags) \*\*\***

Name: (First): \_\_\_\_\_ (Last) \_\_\_\_\_ Degrees: \_\_\_\_\_

Title: \_\_\_\_\_ Institution/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Special Mobility Needs: \_\_\_\_\_

Special Dietary Restrictions:  Vegetarian  Kosher  Vegan  Gluten Free  No Meal Restrictions

SUMMIT REGISTRATION	Early Bird Registration <i>Through 6/12/2015</i>	Regular Registration <i>After 6/12/2015</i>	Onsite Registration <i>After 7/17/2015</i>
Attendee	\$250	\$300	\$350
Student (must provide ID onsite)	\$75		
<b>Total Due to ACPM</b>			
An attendee list (name/affiliation) will be posted on the <b>2015 Healthy Aging Summit</b> website. Please indicate your preference:	<input type="checkbox"/> Yes Include my name and affiliation on the website	<input type="checkbox"/> No I do not want my name and affiliation on the website	

**PAYMENT INFORMATION – ACPM Federal Taxpayer ID: 23-1722119**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2 (required) \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Completed registration form with payment should be mailed or emailed to:



American College of Preventive Medicine (ACPM)  
 Attention: **2015 Healthy Aging Summit**  
 455 Massachusetts Avenue, NW • Suite 200 • Washington, DC 20001  
 Email: [jspicer@acpm.org](mailto:jspicer@acpm.org) Fax: (202) 466-2662

All **cancellations** must be in writing and sent by email to [jspicer@acpm.org](mailto:jspicer@acpm.org) on or before **July 1, 2015**. A \$100 cancellation fee applies.  
**No refunds will be issued after 7/1/2015.**

Please note that ACPM does not accept registrations over the phone

For registration questions, please contact Jaime Spicer, at [jspicer@acpm.org](mailto:jspicer@acpm.org) or by calling (202) 466-2044 x108

**More Summit Information visit the website: [www.2015HealthyAgingSummit.org](http://www.2015HealthyAgingSummit.org)**