

REGISTRATION FORM

2025 ASPHP National SPHM Conference ♦ March 9-13 ♦ Atlanta, GA

ASPHP Member Not a Member



Last Name _____ **First Name** _____

Credential(s) _____ **Job Title** _____

Employer _____ **Department (if applicable)** _____

Address Home Work

Street _____

City/State/Zip _____ **Daytime Phone** _____

Email Address (Registration confirmation will be sent via email only.) _____

What is your age? <input type="checkbox"/> 18-24 years old <input type="checkbox"/> 25-34 years old <input type="checkbox"/> 35-44 years old <input type="checkbox"/> 45-54 years old <input type="checkbox"/> 55-64 years old <input type="checkbox"/> 65 years and older <input type="checkbox"/> Prefer not to answer	Years of experience working in SPHM <input type="checkbox"/> Less than one year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 – 15 years <input type="checkbox"/> 15 – 20 years <input type="checkbox"/> More than 20 years <input type="checkbox"/> Prefer not to answer
Employment Status <input type="checkbox"/> Student <input type="checkbox"/> Governmental sector <input type="checkbox"/> Private sector <input type="checkbox"/> Non-profit sector <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Prefer not to answer	Select your employment setting: <input type="checkbox"/> Academic <input type="checkbox"/> Assisted living <input type="checkbox"/> Construction <input type="checkbox"/> Consulting <input type="checkbox"/> Design <input type="checkbox"/> Home health <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital <input type="checkbox"/> Insurance & Risk management <input type="checkbox"/> Long-term Care (SNF, nursing homes, assisted living, group residential home, foster care) <input type="checkbox"/> Out-patient setting (private, hospital-based, non-hospital based) <input type="checkbox"/> Vendor <input type="checkbox"/> Other (Free text) <input type="checkbox"/> Check all that apply <input type="checkbox"/> Prefer not to answer

BECOME A MEMBER TODAY AND TAKE ADVANTAGE OF THE MEMBER RATES!

Register as a non-member and enjoy a membership from Feb 1, 2025 – April 30, 2026.



REGISTRATION FEES (Your current membership will be verified upon receipt.)

	Postmarked on or before Feb 10, 2025	Postmarked Feb 11, 2025- Mar 6, 2025	On-site Registration
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MAIN CONFERENCE – Two Full and One Half Days (Tuesday – Thursday)

Member	<input type="checkbox"/> \$625	<input type="checkbox"/> \$735	<input type="checkbox"/> \$805
Non-Member	<input type="checkbox"/> \$770	<input type="checkbox"/> \$880	<input type="checkbox"/> \$950

DAILY FEES (Tuesday or Wednesday)

Member	<input type="checkbox"/> \$335	<input type="checkbox"/> \$395	<input type="checkbox"/> \$430
Non-Member	<input type="checkbox"/> \$415	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525

HALF DAY (Thursday)

Member	<input type="checkbox"/> \$265	<input type="checkbox"/> \$315	<input type="checkbox"/> \$240
Non-Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	<input type="checkbox"/> \$400

If you are not registering for the entire main event, please indicate which day(s) you will be attending:

Tuesday Wednesday Thursday

Your main conference registration fee will include a link to download all main conference session presentations. Main conference registration **does not** include pre- event workshop.

	Postmarked on or before Feb 10, 2025	Feb 11, 2025 – Mar 6, 2025	On-site Registration
IT TAKES A VILLAGE (Half Day on March 9 and Full Day on March 10, 2025)			
Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$605	NO On-site Registration
Non-Member	<input type="checkbox"/> \$630	<input type="checkbox"/> \$705	NO On-site Registration

Pre-Conference Workshop – WS001

(4-Hour Workshop on March 10, 2025)

Member	<input type="checkbox"/> \$185	<input type="checkbox"/> \$235	NO On-site Registration
Non-Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	NO On-site Registration

Pre-Conference Workshop – WS002

(3-Hour Workshop on March 10, 2025)

Member	<input type="checkbox"/> \$185	<input type="checkbox"/> \$205	NO On-site Registration
Non-Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255	NO On-site Registration

ASPHP reserves the right to cancel any workshop if the minimum registration is not met. No meal service will be provided at any pre-event workshops.

TOTAL CONFERENCE FEE: _____

GROUP DISCOUNT

Receive a 5% discount on **main event registration** when a minimum of five employees from the same organization register at the same time. Must submit by email, mail or fax with payment.

METHOD OF PAYMENT

Check (make payable to ASPHP) Visa MC American Express Discover

Card Number _____ Exp. Date _____ 3 or 4 digit security code _____

Cardholder Name _____

Card Billing Address, City, State, and Zip _____



(Note: Credit card cannot be processed without legible, complete, and correct credit card address.)

Contact name and phone number if there are questions about credit card.

[Remit payment with Registration Form to:](#)

ASPHP, 10431 Perry Highway, Suite 210J, Wexford, PA 15090

Payment must accompany registration form. There will be a \$50 charge for returned checks.

DO NOT fax this form if paying by check.

Only Registration Form with credit card payment can be faxed for processing. **Fax: 724-935-1560**

*Registration confirmation will be sent via email only.

Thank you for participating in the 2025 ASPHP National SPHM Conference. We require event participants to agree and consent to the aforementioned safety protocol and to assume all risks inherent in potential exposure to the virus relating to our event. Further, you must agree to fully indemnify and hold harmless the Corporation, as well as its employees, officers, vendors and agents, from any and all -related claims, liabilities, costs and attorney's fees relating to and/or resulting from travel to, attendance and/or participation in the 2025 ASPHP National SPHM Conference.

By submitting this 2025 ASPHP National SPHM Conference registration, you are hereby consenting and agreeing of your own volition, (i) to follow the policies and procedures described herein, (ii) that you understand and agree that if you intentionally or materially refuse to comply with the policies and procedures you will be required to depart the 2025 ASPHP National SPHM Conference without any reimbursement of fees paid, and (iii) you are traveling to and participating in the 2025 ASPHP National SPHM Conference at your own risk.

You consent and agree that while attending and participating in the 2025 ASPHP National SPHM Conference, you will comply with the following:

1. I will not attend the 2025 ASPHP National SPHM Conference if I am feeling ill, have a fever, cough, loss of taste or smell, GI symptoms (nausea, vomiting, diarrhea), unexplained severe headache, shortness of breath, runny nose, congestion, am experiencing common cold and/or flu-like symptoms, or believe that I may have been exposed to a person diagnosed with COVID-19.
2. I will cease attending the 2025 ASPHP National SPHM Conference should I begin to experience any of the aforementioned COVID-related symptoms, or if I test positive for COVID-19 while in attendance to the Event. I acknowledge that I will not receive any reimbursement of fees.
3. I will employ common sense and courtesy by using a tissue or other covering when coughing or sneezing.
4. I will comply with all directives, rules and regulations of the city, county and state in which the 2025 ASPHP National SPHM Conference is located. (*Subject to change*)

Please Note: Attendees should review all government travel guidance to confirm eligibility and requirements prior to travel.

By registering and attending the 2025 ASPHP National SPHM Conference, attendees grant ASPHP the irrevocable right to use their likeness, voice, and any recordings captured during the event in photographs, digital video recordings, audiotapes, or any other audio or video media, in whole or in part, for marketing, educational, and general publicity purposes. This consent is given freely and voluntarily and may be used by ASPHP at any time in the future, in publications, on the ASPHP website, in social networking sites, videos, and promotional materials. Attendees waive their right to inspect or approve the finished product in which their likeness or recordings maybe used and waive any right to compensation arising from or related to the use of this material. Attendees acknowledge that their name, photo, and details disclosing their identity may be revealed.

If an attendee does not want to be photographed or recorded, they must inform ASPHP Headquarters at info@asphp.org in writing prior to the start of the national conference. Failure to do so will be interpreted as acceptance of these terms.

Questions about Registration? Please call ASPHP Headquarters at 610-248-9911 or email info@asphp.org.

Cancellation/Replacement Policy: Refunds, less a 20% processing fee per registrant, will be granted for cancellations received in writing on or before **February 10, 2025**. No refunds will be made after this date for any reason, including the occurrence of any circumstance beyond the control of ASPHP (such as acts of God, war, or terrorism; natural disaster; or government regulations, strikes, civil disorder, or curtailment of transportation systems) to the extent that such



circumstance makes it impossible for registrant(s) to attend. Registration substitutions may be made if requested in writing before **March 7, 2025**. ASPHP reserves the right to cancel/change any general session, pre- and post-event workshop, and breakout session. All applicable refunds will be issued following the close of the event. Refunds will not be given for no-shows.

Online registration closes at 11:50 pm Eastern on March 6, 2025. No registration will be accepted by email/mail/fax after this date. On-site registration starts at 7 am on March 10, 2025, at the registration area.

