

ACHA 2022 Annual Meeting Registration Form

May 31 – June 4, 2022 • San Diego, CA • Registration questions: (864) 208-2659

Each attendee (including presenters, presiders, and facilitators) must complete a registration form. Carefully review the Confirmation/Cancellation Policy.

VACCINE ATTESTATION*

I attest that I have been (or will be by May 31, 2022) fully vaccinated and up to date according to the CDC definition in place at the time of the meeting. **OR** I attest I will provide proof of a negative COVID-19 PCR test taken within 72 hours of my arrival at the meeting.

**ACHA may change, update, or add to these requirements at any time as it deems prudent to best protect the health and safety of attendees and others. Attendees must comply with relevant policies and requirements as communicated by ACHA. Refer to the [ACHA 2022 homepage](#) sidebar for more information about our COVID vaccine and safety policy.*

Signature: _____ Date: _____

REGISTRANT INFORMATION (as it should appear on name badge)

Last Name _____ First Name _____

Degree (s) _____ Position Title _____

Institution Name _____ Individual Member ID# _____

Preferred Mailing Address (Indicate if your preferred mailing address is your home or work)

City _____ State/Prov. _____ Zip _____ Country (if not USA) _____

Daytime Phone _____ Fax _____ Email _____

City and State of your institution IF DIFFERENT from mailing address above (for name badge): City _____ State/Prov. _____

REGISTRATION FEES • REGISTER BY APRIL 13 TO RECEIVE THE EARLY BIRD DISCOUNT

IMPORTANT: Your 2022 membership must be active PRIOR to registering, to receive the member rate. (If you're unsure about your membership status, login to the [ACHA website](#).)

FULL MEETING (Tuesday through Saturday) (Includes all non-ticketed events on Wednesday, June 1 through Saturday, June 4)

DAILY (Select the day you will attend) (Includes all non-ticketed events on the day selected only. Also includes eligibility to attend Tuesday workshops at \$70 each.)

Wednesday Thursday Friday Saturday

NOTE: Attendees wishing to attend more than one day must register at the full meeting rate.

| If you are a: | Postmarked ON or BEFORE April 13, 2022 | Postmarked AFTER April 13, 2022 | If you are a: | Postmarked ON or BEFORE April 13, 2022 | Postmarked AFTER April 13, 2022 |
|--|--|----------------------------------|--|--|---------------------------------|
| Member at a Member Institution (Mbr Representative/ Executive Member) <small>In order to receive this rate, you must be an individual member AND your institution must also be a member</small> | <input type="checkbox"/> \$510 | <input type="checkbox"/> \$610 | Member at a Member Institution (Mbr Representative /Executive Member) <small>In order to receive this rate, you must be an individual member AND your institution must also be a member</small> | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$355 |
| Member at a Nonmember Institution | <input type="checkbox"/> \$585 | <input type="checkbox"/> \$690 | Member at a Nonmember Institution | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$385 |
| Student Member¹ | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$180 | Student Member¹ | <input type="checkbox"/> \$ 80 | <input type="checkbox"/> \$120 |
| Emeritus Member | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$180 | Emeritus Member | <input type="checkbox"/> \$ 80 | <input type="checkbox"/> \$120 |
| Sustaining Member | <input type="checkbox"/> \$715 | <input type="checkbox"/> \$815 | Sustaining Member | <input type="checkbox"/> \$410 | <input type="checkbox"/> \$460 |
| Nonmember | <input type="checkbox"/> \$920 | <input type="checkbox"/> \$1,025 | Nonmember | <input type="checkbox"/> \$485 | <input type="checkbox"/> \$535 |
| Student Nonmember¹ | <input type="checkbox"/> \$190 | <input type="checkbox"/> \$215 | Student Nonmember¹ | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$145 |
| Spouse/Domestic Partner/Child² <small>pre-approval required; contact membership@acha.org</small> | <input type="checkbox"/> \$135 | <input type="checkbox"/> \$160 | Spouse/Domestic Partner/Child² <small>pre-approval required; contact membership@acha.org</small> | <input type="checkbox"/> \$ 80 | <input type="checkbox"/> \$115 |

¹ **Students are not eligible for continuing education credits.** The student rate is open to bona fide students at an institution of higher education who are enrolled in a degree granting curriculum of course work, and otherwise not gainfully employed or compensated to any substantial degree that would reasonably negate the expectation of discounted fees. The following **proof of student status is required at the time of registration:** a) an unofficial transcript or b) enrollment verification of status.

² **Spouse/domestic partner/child registrants are not eligible for continuing education credits.** The spouse/domestic partner/child fee is limited to guest attendees and does not include a certificate of attendance. In order to qualify for this rate, the attendee must be at least 13 years of age and accompanying a regular, student, or emeritus conference registrant in a non-professional, non-college health related, and non-business-related role. You may not register as a spouse/domestic partner/child via the online registration site or the paper form. To register a spouse/domestic partner/child, contact membership@acha.org.

(A) Total Registration Fees \$

Continued on page 2

PRE-CONFERENCE WORKSHOPS • Tuesday, May 31

Advance ticket purchase is required. For those registering for either the full conference or one day (Wednesday-Saturday), the workshop fee is \$70.00. To attend only a Tuesday workshop, the fee is \$150 per workshop. (This category is available to those who only want to participate in the pre-conference workshops. It does NOT include admission to the actual meeting held from Wednesday through Saturday.) **Workshops are not available to spouse/partner/child registrants. See cancellation policy on page 3.**

TUESDAY, May 31

9:00 AM-12:00 PM

- | | |
|--|------|
| <input type="checkbox"/> Statistics and SPSS for Non-Statisticians | \$70 |
| <input type="checkbox"/> Dismantling White Supremacy and Healing Racial Trauma: Ending Racist Practices in College Health | \$70 |
| <input type="checkbox"/> Challenges of Distance Treatment Modalities in Telemental Health: Ethical, Legal, and Practice Implications | \$70 |
| <input type="checkbox"/> Transgender Student Health: Providing Holistic Care and Policies | \$70 |
| <input type="checkbox"/> Achieving AAAHC Accreditation for College Health, Part I | \$70 |

1:30 PM-4:30 PM

- | | |
|--|------|
| <input type="checkbox"/> Achieving AAAHC Accreditation for College Health, Part II | \$70 |
| <input type="checkbox"/> Sports Medicine Special Testing | \$70 |
| <input type="checkbox"/> Dismantling the Inherent Privilege of Self-Care | \$70 |
| <input type="checkbox"/> Considerations for Telehealth in a College Health Setting | \$70 |
| <input type="checkbox"/> Fostering Wellbeing Using Resilience-Based Strategies | \$70 |
| <input type="checkbox"/> Boot Camp for New Directors: Leadership, Equity, Finance, and Communication | \$70 |
| <input type="checkbox"/> Overview of Contraceptive Options and IUD Insertion Training | \$70 |

For details visit <https://www.acha.org/AnnualMeeting22>

| |
|-----------------------|
| # ____ @ \$70.00 |
| # ____ @ \$150.00 ea. |
| Tues only workshops |

(B) Pre-Conference Workshop Fee

| |
|----|
| \$ |
|----|

LUNCH VOUCHERS

One Day Lunch Vouchers - Purchase your cash concession lunch voucher in advance. Vouchers are \$18 (per day) and includes your choice of the following:

- (1) Salad entrée or (1) sandwich
- (1) Piece of whole fruit or (1) bag of chips or (1) dessert item
- (1) soda or bottled water

You will receive your voucher(s) with your badge material. There will be a "Lunch Voucher Only" line to help your wait.

I plan to purchase lunch vouchers (check all that apply):

- \$18 - Wednesday, June 1
 \$18 - Thursday, June 2
 \$18 - Friday, June 3

(C) Lunch Voucher Fee

| |
|----|
| \$ |
|----|

STUDENT TRAVEL AWARD CONTRIBUTION

The American College Health Foundation's **Student Travel Award**, through contributions made to the Murray DeArmond Student Fund, provides partial funding support for meeting registration, travel, and hotel expenses for one or more students to travel to the ACHA Annual Meeting.

For details visit www.acha.org/ACHA/Foundation/Student_Travel.aspx.

(D) Enter Contribution Amount

| |
|----|
| \$ |
|----|

TOTAL AMOUNT DUE

Total Amount Enclosed = (A) + (B) + (C) + (D)

| |
|----|
| \$ |
|----|

Continued on page 3

GENERAL INFORMATION

1. Do you require additional accommodations?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Halal Choices | <input type="checkbox"/> Mobility, specify: _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vegan Choices | <input type="checkbox"/> Auditory, specify: _____ | |
| <input type="checkbox"/> Vegetarian Choices | <input type="checkbox"/> Visual, specify: _____ | |
| <input type="checkbox"/> Gluten-Free Choices | <i>(Note: If you require auditory, mobility, or visual accommodations, ACHA requires a written agreement signed at least 30 days prior to the start of the meeting, so we can ensure that the appropriate services are provided.)</i> | |
| <input type="checkbox"/> Kosher Choices | | |
| <input type="checkbox"/> Learning Disabilities | | |
| <input type="checkbox"/> Access to a nursing mothers' room | | |

2. Indicate your area of practice/work (select all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Medical Records Specialist | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Student Affairs |
| <input type="checkbox"/> Dietitian/Nutritionist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician | <input type="checkbox"/> Wellness Coach |
| <input type="checkbox"/> Full-time Student | <input type="checkbox"/> Nurse Administrator | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health Educator/Hlth Promotion Specialist | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Psychologist | |

3. Is this the first in-person ACHA Annual Meeting you have attended? Yes No

4. If registering for the full conference, will you be requesting CE credit? Note: Students are not eligible for continuing education credits.

- | | |
|---|---|
| <input type="checkbox"/> AAFP-P for family physicians | <input type="checkbox"/> CME for non-physicians |
| <input type="checkbox"/> AHIMA for health information management association credential holders | <input type="checkbox"/> CNE for nurses |
| <input type="checkbox"/> ACPE for pharmacists | <input type="checkbox"/> CPEU for dietitians |
| <input type="checkbox"/> CHES/MCHES for certified/master certified health education specialists | <input type="checkbox"/> NASW for social workers |
| <input type="checkbox"/> CME for physicians and physician assistants | <input type="checkbox"/> NBCC for national certified counselors |
| | <input type="checkbox"/> PsyCE for psychologists |

5. Affinity Groups: Affinity groups bring together individuals with shared identities; at this year's meeting we will bring together groups based on racial or ethnic background. Although each person may share multiple identities, affinity groups are intended for those who can speak to that group's collective racial or ethnic identity and experience from the "we" or "I" perspective. These spaces are for you to speak about your own identity, not to learn about the racial or ethnic identity of others.

In order to plan accordingly, please let us know if you are interested in participating in one of the groups below so we can ensure adequate room sizes in the meeting space. Please note that this does not register you for a session; you can attend a discussion no matter how you respond. If you would like to participate, please indicate which affinity group you would like to participate in:

- | | |
|--|--|
| <input type="checkbox"/> Asian, Asian Pacific-Islander | <input type="checkbox"/> Black, African American |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> International |
| <input type="checkbox"/> Latinx | <input type="checkbox"/> Greater Middle Eastern |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Transracially adopted | <input type="checkbox"/> White, Caucasian |

FURNISHING OF CONTACT INFORMATION

The contact information you provide may be used for further communication by American College Health Association. This contact information (excluding email addresses) may also be furnished to event exhibitors, sponsors, or speakers for limited use.

Among those exhibitors or sponsors may be ACCME-defined "ineligible" companies -- companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Please select below to opt-in/opt-out of your contact information being furnished to ineligible companies.

- Opt In Opt Out

Continued on page 4

TOTAL DUE/PAYMENT OPTIONS

Full payment (in U.S. funds) by check or EFT/wire must accompany registration. **No purchase orders will be accepted.** All registration fees must be paid in full prior to the start of the meeting. **NOTE: If your organization will be submitting payment for more than one registrant, please furnish your accounting department with the Multiple Registrant Form.**

Check payable to ACHA is enclosed (see deadlines below)

Paying by Electronic Funds Transfer or wire

We strongly encourage you to [register online](#).

Total Amount Enclosed = (A) + (B) + (C) + (D) \$

CONFIRMATION/CANCELLATION POLICY

Emailed confirmations will be sent to all pre-registered attendees once the check payment and registration form have been received.

Check this box and mail this **registration form and check** (purchase orders not accepted) postmarked by **May 20** to **American College Health Association, P.O. Box 417996, Boston, MA 02241-7996.**

Check this box and **fax** this registration form to **330-425-4983** if paying by Electronic Funds transfer or wire.

After May 20, you must register online with a credit card or bring this form and full payment with you to the meeting.

Registration questions: (864) 208-2659

Once you submit your registration with payment, you will receive an email confirmation. If you have NOT received email confirmation, please call **(864) 208-2659** to verify that your registration has been received.

All cancellation requests must be received in writing before May 16, 2022, to qualify for a full refund, minus a \$40.00 cancellation fee. No refunds will be issued for cancellations received after May 16, 2022. Refund checks will be mailed on or about June 28, 2022. *Submit cancellations via email to acha@maritz.com*