



## 41st Annual Health Law Professors Conference June 7-9, 2018

Complete this form to register by MAIL or FAX

**MAIL:** American Society of Law, Medicine & Ethics, 765 Commonwealth Ave., Suite 1704, Boston, MA 02215

**FAX:** (617) 437-7596

- Please register me for the *41st Health Law Professors Conference*.  
(Fee includes materials, breakfasts, lunches & receptions)

	<u>Fee on or before May 8, 2018</u>	<u>After May 8<sup>th</sup></u>
(Please select fee below)		
ASLME Members	<input type="checkbox"/> \$395	<input type="checkbox"/> \$425
Non-Members	<input type="checkbox"/> \$495	<input type="checkbox"/> \$525
Student*	<input type="checkbox"/> \$150	<input type="checkbox"/> \$190
3 or more discount**	\$50 off	\$50 off

**\*Student Registration:** no previous doctoral-level degree: proof of current student status required with registration.

**\*\*Come with Colleagues & Save!!** If 3 or more people register at the same time from the same institution, each registrant receives a \$50 discount. Indicate co-registrants on each form (or use the discount code: 3ORMORE41 online during check out).

**SPECIAL RATE Available:** Register & join ASLME at the same time & receive a discount. Rate includes Health Law Professors conference registration fee & a 1 year ASLME membership.

	<u>On or before May 8, 2018</u>	<u>After May 8<sup>th</sup></u>
Register & Join	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625

- Check Enclosed (make payable to the *American Society of Law, Medicine & Ethics*).

- Charge my Credit Card     MasterCard     Visa     AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Suffix/Degrees (MD, JD, RN, etc.) \_\_\_\_\_

Email (all conference related communication will go to this email address) \_\_\_\_\_

Company/Organization \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip/Country \_\_\_\_\_

The above mailing address is:     Home     Business

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

- I would like Continuing Legal Education Credits in the state of \_\_\_\_\_.

My total registration cost: \$ \_\_\_\_\_.

**Questions?** 617-262-4990 or email [conferences@aslme.org](mailto:conferences@aslme.org)

If you have special needs addressed by the Americans with Disabilities Act, notify ASLME at least 3 weeks prior to the program.

ASLME reserves the right to cancel/reschedule any program due to an insufficient number of registrants or other unforeseen circumstances. Registration cancellations must be received in writing on or before May 31, 2018 & are subject to a \$50 processing fee. Refunds for this program will not be permitted after May 31, 2018. If you would like to send a substitute, call ASLME to arrange.