

**American Association for the History of Medicine (AAHM)
96th Annual Meeting, May 11-14, 2023, Ann Arbor, Michigan**

REGISTRATION

Name: _____

Institution: _____

Address: _____

Telephone Number: _____ **Email:** _____

First time attendee? _____ **Name of accompanying person:** _____
(Include fee below)

Please describe any special needs or accommodations:

Registration Fees

AAHM Member early registration received by 4/27/2023	\$ 295.00	
AAHM Student member early registration received by 4/27/2023	\$ 135.00	
Non-member early registration by 4/27/2023	\$ 395.00*	
Non-member student early registration by 4/27/2023	\$ 165.00*	
Accompanying person	\$ 100.00	
2nd AAHM Family Member (same household)	\$ 125.00	
AAHM Member registration received by 4/28/2023	\$ 330.00	
AAHM Student member registration received after by 4/28/2023	\$ 170.00	
Non-member registration after by 4/28/2023	\$ 430.00*	
Non-member student registration by 4/28/2023	\$ 200.00*	
Virtual Attendance Registration (for those not registered for in person meeting)	\$ 10.00	

*includes AAHM membership for the remainder of 2023

NOTE: Register by April 28, 2023 to avoid higher registration fee to be charged for those registering onsite.

Annual Meeting Events (check appropriate boxes)

Thursday May 11

Opening Reception (5:30-7:30) Yes, I will attend

Graduate Student Meetup (7:30-9:30) includes dinner Yes, I will attend Fee \$5.00_____

Friday May 12

President’s New Member/First time Attendee Breakfast (7:45-8:45am) Yes, I will attend
Garrison Lecture and Reception (6:00-9:00pm) Yes, I will attend

Saturday May 13

AAHM Awards Lunch (12:45-2:15pm) Yes, I will attend

Please select food choice below

Roast Beef White Fish Vegetarian Vegan

Dietary Restrictions: _____

Sunday May 14

Attending paper sessions on Sunday (8:00am-12:00pm) Yes, I will attend

Continuing Medical/Nursing Education Credits

Yes, I desire CME/CNE Fee: \$100 _____

Tours

Tour 1: Tour of Michigan Stadium, May 11 Fee: \$20 _____

Tour 2: Tour University of Michigan Museum of Art May 11 Fee: \$10 _____

TOTAL Remittance: _____

PAYMENT

Make Check Payable to the **Johns Hopkins University Press**. (*Checks must be made in U.S. dollars and drawn on a U.S. bank*) Mail to: The Johns Hopkins University Press, Journals Publishing Division, P.O. Box 19966, Baltimore, MD 21211-0966

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