

# 33<sup>rd</sup> Annual Health Law Professors Conference

## Registration Form

Complete this form to register by MAIL or FAX  
**MAIL:** American Society of Law, Medicine & Ethics,  
 765 Commonwealth Ave., Suite 1634, Boston, MA 02215  
**FAX:** (617) 437-7596 **ONLINE:** [www.aslme.org/conferences](http://www.aslme.org/conferences)

Please register me for the 33<sup>rd</sup> Annual Health Law Professors Conference.  
 (Fee includes materials, breakfasts, lunches & receptions)

(Please circle fee below)	On or before May 7, 2010	After May 7 <sup>th</sup>
ASLME Members	\$395	\$425
Non-Members	\$495	\$525
Student*	\$150	\$190
Syllabus Only**		
Member	\$75	
Non-Member	\$100	
3 or more discount***	\$50 off	\$50 off

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

\*\***Unable to attend?** Purchase the Syllabus. Send me (#) \_\_\_\_\_ conference syllabus(i). Price includes domestic shipping.

\*\*\***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.

**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.

	On or before May 7, 2010	After May 7 <sup>th</sup>
Register & Join	\$575	\$600

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

Charge my Credit Card.     MasterCard     Visa     Discover     AMEX

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

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

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

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

Home Address \_\_\_\_\_

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

Business Address \_\_\_\_\_

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

My preferred mailing address is:     Home     Business

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

\_\_\_\_\_ 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 7, 2010 & are subject to a \$50 processing fee. Refunds for this program will not be permitted after May 7, 2010. If you would like to send a substitute, call ASLME to arrange.