

**American Association for the History of Medicine (AAHM)  
97th Annual Meeting, May 11-14, 2023, Kansas City, Missouri**

**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 <b>early</b> registration received by 4/15/2024	\$ 295.00	
AAHM Student member <b>early</b> registration received by 4/15/2024	\$ 135.00	
Non-member <b>early</b> registration by 4/15/2024	\$ 395.00*	
Non-member student <b>early</b> registration by 4/15/2024	\$ 160.00*	
Accompanying person	\$ 100.00	
2nd AAHM Family Member (same household)	\$ 125.00	
AAHM Member registration received by 4/29/2024	\$ 330.00	
AAHM Student member registration received after by 4/29/2024	\$ 170.00	
Non-member registration after by 4/29/2024	\$ 430.00*	
Non-member student registration by 4/29/2024	\$ 200.00*	
Virtual Attendance and Participation Registration (for those not registered for in person meeting)	\$ 10.00	

\*includes AAHM membership for the remainder of 2024

**NOTE:** Register by April 29, 2024 to avoid higher registration fee to be charged for those registering onsite.

**Annual Meeting Events (check appropriate boxes)**

**Thursday May 9**

Opening Reception (7:00-9:00 pm)  Yes, I will attend

Graduate Student Meetup (9:00 pm) includes dinner  Yes, I will attend Fee \$5.00\_\_\_\_\_

**Friday May 10**

President’s New Member/First time Attendee Breakfast (7:00-8:00am)  Yes, I will attend  
Garrison Lecture and Reception (6:00-9:30pm)  Yes, I will attend

**Saturday May 11**

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

Please select food choice below

Meat  Vegetarian  Vegan  No breakfast/I will not attend

Dietary Restrictions: \_\_\_\_\_

**Sunday May 12**

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 \_\_\_\_\_

**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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