

**American Association for the History of Medicine (AAHM)
98th Annual Meeting, May 1-4, 2025, Boston, Massachusetts**

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 4/1/2025	\$ 295.00	
AAHM Student member early registration received by 4/1/2025	\$ 100.00	
Non-member early registration received by 4/1/2025	\$ 395.00*	
Non-member student early registration received by 4/1/2025	\$ 130.00*	
AAHM Member Supporting Registration	\$ 395.00	
Accompanying person	\$ 100.00	
2nd AAHM Family Member (same household)	\$ 125.00	
AAHM Member registration received by 4/22/2025	\$ 330.00	
AAHM Student member registration received by 4/22/2025	\$ 130.00	
Non-member registration received 4/22/2025	\$ 430.00*	
Non-member student registration received by 4/22/2025	\$ 160.00*	

*includes AAHM membership for the remainder of 2025

NOTE: Register by **April 22, 2025** to avoid higher registration fee to be charged for those registering onsite.

Annual Meeting Events (check appropriate boxes)

Thursday May 1

Opening Reception (5:30-7:30 pm)

Yes, I will attend

Graduate Student Meetup (8:00 pm) includes foodr

Yes, I will attend Fee \$5.00 _____

Friday May 2

- President’s New Member/First time Attendee Breakfast (7:00-8:00am) Yes, I will attend
- Garrison Lecture and Reception (6:00-9:00pm) Yes, I will attend
- Women Historians (4:45-5:45pm) Yes, I will attend

Saturday May 3

- Clinician Historians Yes, I will attend
- AAHM Awards Breakfast (8:30-10:00 pm) Yes, I will attend

Please select food choice below

- Meat
- Vegetarian
- Vegan
- No breakfast/I will not attend

Dietary Restrictions: _____

Sunday May 4

- Attending paper sessions on Sunday (8:30am-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

Credit Card Payment (*Your credit card statement will record this charge as JHU Press*)

- Mastercard
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Name as it appears on card _____

Account number _____ Expiration (month and year) _____

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