

Attendee Registration Form

* required information

Please select the day(s) that you will attend below.

Registration Type *

- Full Registration (Wed-Fri)
- Wednesday Only
- Thursday Only
- Friday Only

Membership Status *

Student - School Name

AHIMA ID (Required for Member Rate)

First Name *

Last Name *

Credentials

Job Title

Job Type *

Organization

Address *

City *

State *

Zip *

Email *

Phone *

Opt-Out