

Attendee Registration Form

* required information

Please make sure that you answer all of the questions with a * since they are required questions. **If not, then you will not be able to continue with submitting your registration.**

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

Registration Type *

- Thursday and Friday
- Thursday Only
- Friday Only

Membership Status *

-Select-

Are you a member of: *

-Select-

Student - School Name

AHIMA ID (Required for Member Rate)

First Name *

Last Name *

Credentials

Job Title

Job Type *

-Select-

Other Job Type

Organization

Address *

City *

State *

Zip *

Email *