2025 HAPS Annual Conference Regular Rate Registration Form

Name (as you'd like printed on name badge)		Guest Name (if applicable)	
E-mail Address		Phone Number	
Institution			
Street Address			
City	State/Provi	ince	Zip/Postal Code
Menu Options: ☐ Regular ☐ Vegetarian ☐ If other, please list your dietary restrictions:] Vegan [Gluten-free Other	
I will need the following accommodations in order	to participate	e:	
What is the first HAPS Annual Conference you atte	ended?		
Is this your FIRST HAPS Annual Conference? If so Please CHECK IF YOU WILL ATTEND .			st Timers' Breakfast.
Is this your SECOND HAPS Annual Conference?	If so, you are		Second Timers' Breakfast.
Please CHECK IF YOU WILL ATTEND. Yes Do you plan to retire in the next 12 months?	☐ No Yes ☐	No	
If yes, do you give HAPS permission to announce			e? 🗌 Yes 🔲 No
Do you plan to attend the workshops at the Univer			
If yes, which day(s) do you plan to attend? Fire Will you be using the bus transportation provided by)
Would you like to be added to the HAPS-L Physiol			NO
Yes	No	☐ I'm already signed up!	
Would you like to be included on the electronic attention out to participating Exhibiting Companies.		This list will be distributed of	on the Conference App and given
HAPS sends communications about the society via			communications about the society,
including announcements from the President, conf	ference detai	ils, election notices, etc. If	you do not opt-in, you will
receive no communications from the society.	•	'I	DO.
I have read and understand the HAPS Code of Co		hil communication from HAI	
Yes	muuci posiec	a nere. https://www.napswe	eb.org/naps-code-or-conduct/
HAPS Communicable Disease Policy Any public space where other people are present he diseases. By attending this event, I agree to volunta any of their affiliates including partners, sponsors, d sponsored venues liable for illness. HAPS will be fo tuned to the HAPS website for more information.	arily assume a lirectors, offic	all risk related to exposure cers, employees, agents, c	and agree to not hold HAPS or ontractors, volunteers, or
☐ I have read the HAPS Communicable Disease P	Policy.		
HAPS Code of Conduct: Please review the update (https://www.hapsweb.org/page/codeofconduct			
☐ I have rea	ad the policy	and agree to the terms	
Er	mergency	Contact	
Name:		tionship to Individual:	
Dhana Numbari			
Phone Number:			

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	ne to register at these rates is		1
Registration Categories	Entire Conference	Update Seminar Only	Workshop Only
Member – Regular	\$485	\$410 🗌	\$360
Non-Member - Regular	\$595 □	\$520 	\$470
Undergraduate – Member	\$270 🗌	\$245 🗌	\$215
Undergraduate – Non-Member	\$290 🗌	\$265 🗌	\$235
Graduate Student – Member	\$280 🗌	\$255 🗌	\$225
Graduate Student – Non-Member	\$310	\$285	\$255
Post-doc - Member	\$290 🗌	\$265 🗌	\$235
Post-doc - Non-Member	\$330 🗌	\$305 🗌	\$275
Emeritus Member	\$370	\$315	\$270

Entire Conference Registration Covers: **Update Only Conference** Welcome Cocktail Hour (5/21) **Registration Covers:** Breakfast (5/22 - 5/25) Welcome Cocktail Hour (5/21) Drinks with Exhibitors (5/22) Breakfast (5/22 - 5/25) Coffee Break (5/22 - 5/23) Drinks with Exhibitors (5/22) Closing Cocktail Hour (5/23) Coffee Break (5/22 - 5/23) Lunch (5/24 - 5/25) Closing Cocktail Hour (5/23) Transportation to/from Workshops (5/24 - 5/25) **Workshop Only Conference Registration Covers:** Breakfast (5/24 - 5/25)

Lunch (5/24 - 5/25)
Transportation to/from Workshops (5/24 - 5/25)

Additional Options Quantity HAPS 2024 Short-sleeve HAPS 2024 Long-sleeve T-\$30 Quantity T-shirt w/ Conference shirt w/ Conference Logo Logo Women's Size: S M L XL 2XL Size: S M L XL 2XL Men's Size: ☐S ☐M ☐L ☐XL ☐2XL HAPS 2024 Wick-away HAPS 2024 Men's Polo Shirt \$40 Quantity ____ \$35 Quantity _ runner t-shirt w/ **Conference Logo** Size: S M L XL 2XL Size: S M L XL 2XL HAPS 2024 Women's HAPS 2024 Conference Pin \$40 Quantity **Polo Shirt** Quantity ____ Size: S M L XL 2XL

Billing Information FAX to 706.883.8215, e-mail to info@hapsconnect.org or send to: **Total Payment Amount** HAPS I would like to **join** HAPS or 251 S. L. White Blvd. renew my dues LaGrange, GA 30241-2945 (\$110 regular, \$90 contingent faculty/high school, \$20 ☐ A check is enclosed, payable to HAPS Undergrad Student, \$30 Credit Card: Visa MC American Express Discover Graduate Student, \$40 Post-doc, \$55 retired) Dollar amount to be charged to card US \$.00 Exp. Date : _____ Verification Number : _____ Name on card: **Voluntary Donation** to HAPS Billing Address: **Total Payment**

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Conference Photo Consent

When you register for the HAPS Annual Conference, you affirmed that you agreed to allow HAPS photographers to record your participation and reproduce your likeness in publications, online, etc.

Speaker and Workshop Presentation Policy

HAPS cannot provide PowerPoint presentations or videos from Update Speakers or workshop presenters. If an attendee would like a copy of a speaker or presenter's material, individuals should ask for materials directly from the speaker/presenter if they so desire. Photos and videos of presentations are forbidden without permission from that speaker/presenter. Please contact the HAPS Main Office with any questions you may have.