

REGISTRATION FORM

ATTENDEE INFORMATION

ASA ID # (if known) _____

Name _____

Preferred Name (if other than first name) _____

Organization _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Province _____ ZIP/Postal Code _____

Country (non-US) _____


Phone _____

Email _____

In case of emergency, list the name and phone number of the person we should contact (remains confidential).

Name _____

Telephone Number _____

 This meeting is ADA accessible.

- Check here if you need special services due to a disability or have food allergies/restrictions and attach a statement regarding your needs.
- Update my ASA customer contact information with this meeting contact information.
- Exclude my information from contact lists managed by the ASA for use by outside entities, including offers for onsite receptions or activities and booth giveaways.
- Exclude my name from the conference attendee roster that will appear on the conference website.

CANCELCATION POLICY

All cancellations must be submitted in writing. Email: asainfo@amstat.org; Fax: (703) 997-7299; Mail: WSDS Registration, 277 South Washington St., Suite 370, Alexandria, VA 22314. Cancellations received by September 15, 2026, will be refunded, less 20% all items. Requests for refunds received after September 15 will not be honored.

DISCLAIMER AND WAIVER

The American Statistical Association (ASA) intends to take photographs and video of this event for use in ASA news and promotional material, in print, electronic, and other media, including the ASA website. By participating in this event, you grant the ASA the right to use any image, photograph, voice, or likeness, without limitation, in its promotional materials and publicity efforts without compensation. All media become the property of the ASA. Media may be displayed, distributed, or used by the ASA for any purpose.

CONDUCT POLICY

Meeting attendance constitutes an agreement to abide by the Code of Conduct found at <https://www.amstat.org/meetings/code-of-conduct>.

INSTRUCTIONS:

1. Print or type all information and retain a copy for your records.
2. Use a separate form for each registrant.
3. Mail form with payment to WSDS Registration, 277 S. Washington Street, Suite 370, Alexandria, VA 22314. Fax form (credit card payment only) to (703) 997-7299.
4. Registration form must be received by August 31, 2026, to be processed at the reduced rate. Purchase orders will not be accepted. ASA Federal ID is #53-0204661. **Forms received without payment will not be processed.**

REGISTRATION FEES (required)

	Through August 31	After August 31	
ASA Member	\$420	\$495	\$ _____
New Member*	\$555	\$630	\$ _____
Nonmember	\$620	\$695	\$ _____
Student	\$250	\$445	\$ _____
Speaker	\$399	\$399	\$ _____

*Includes discounted first-year ASA dues; not available to renewing or recently lapsed members. The ASA reserves the right to adjust registration type to an eligible type and to charge the difference if stated membership is not currently active. In such an event, you will be notified first and given the opportunity to update your membership.

GUEST REGISTRATION (additional fee)

Allows admission to the Wednesday Opening Mixer and Poster Session, Thursday and Friday poster sessions with continental breakfast, and Thursday reception.

Guest Name _____

Guest Name _____

TOTAL GUEST FEE \$150 x _____ Qty \$ _____

SHORT COURSES (additional fee)

	Through August 31	After August 31	
ASA Member/ New Member	\$200	\$225	\$ _____
Nonmember	\$245	\$275	\$ _____
Student	\$150	\$195	\$ _____

Wednesday, October 16, 8:00 a.m. – 12:00 p.m.

- SC1: Finding Your Voice: How to Be an Effective Statistical Communicator**
 Sarah Lotspeich, Wake Forest University
 Ana Maria Ortega-Villa, National Institute of Allergy and Infectious Diseases
 Ashley Mullan, Vanderbilt University
- SC2: Applied SQL for Data Analysis: A Practical Introduction to a Key Data Skill**
 Maggie Betz, The Data Mine - Purdue University
 Fulya Gokalp Yavuz, The Data Mine - Purdue University

TOTAL CONFERENCE CHARGES \$ _____

PAYMENT	
<input type="checkbox"/> Check/money order enclosed payable to the American Statistical Association (in US dollars on a US bank)	
Credit Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Card Number _____	
Expiration Date _____	Security Code _____
Name of Cardholder _____	
Authorizing Signature _____	