

# **REGISTRATION FORM**

FEBRUARY 14-17, 2026 LONG BEACH, CA AND VIRTUAL

## **THREE WAYS TO REGISTER**

- Online at nutritioncare.org/2026conference Preferred Method
- Fax by January 31, 2026 to 301-587-2365
- Mail received by January 31, 2026 to: ASPEN, 8401 Colesville Road, Ste. 510, Silver Spring, MD 20910

Your registration will be confirmed via email from aspen@nutritioncare.org

| Prefix Dr.   | Mr. Ms  | s. Mrs.          |  | PLE  | EASE TYPE OR P         | RINT CLEARLY                           |                                   |                                   |   |            |
|--|---|------------------|--|--|------------------------|--|-----------------------------------|-----------------------------------|---|------------|
| Last Name First Name   |   |                  |  |  | Cred                   | dentials                               |                                   |                                   |   |            |
| Company/Institution  | on  |                  |  |  |                        |  |                                   |                                   |   |            |
| Mailing Address  | Home  | Business         |  |  |                        |  |                                   |                                   |   |            |
| City   |   |                  |  | Sta  | te/Province            | Zip,                                   | /Postal code                      | Сс                                |   |            |
| Daytime Telephone  | Number  | Email <i>F</i>   | Address Hom                              | e Business Re  | equired for confirmati | on purposes. Please                    | be sure to add aspe               | n@nutritioncare.org               | to your safe senders l                              | ist.       |
| MEMBERSHIP S   | TATUS   | Current ASPE     | N Member ID#                             |  | New                    | Member–Joining witl                    | n conference discou               | nt rate. See page 2 fo            | or membership.                                      | Non-Member |
| DISCIPLINE (REQUIRED) Dietitian Nurse Physician Physician As   |   |                  |  | Nurse Practitioner Pharmacist Reseatistant Other (Please Specify): |                        |  |                                   |                                   |   |            |
| nformation of th   | ose who reg                                       | ister and/or p   | ort for its accredi<br>articipate in the | ted education pro<br>education progra                              |                        | anies providing su<br>AGREE" below, yo | u are granting AS                 |                                   | e the names and co<br>o share your name a<br>cagree |            |
| ASPEN26 MAI  | N CONFERE   | ENCE • LONG      | BEACH CONV                               | ENTION & ENTER   | RTAINMENT CENT         | ER* • SATURDA                          | Y, FEBRUARY 14                    | - TUESDAY, FEB                    | RUARY 17, 2026                                      |            |
| REGISTRATION TYPE  |   |                  |  | Early Rate by 10/22/25   |                        | Regular Rate by 1/7/26                 |                                   | Late/Onsite Rate 1/8/26 and After |   |            |
|  |   |                  |  | Member<br>\$595  | Non-Member             | Member                                 | Non-Member                        | Member                            | Non-Member  |            |
|  | MD, DO, DVM, Non-healthcare/Industry Professional |                  |  |  | \$795                  | \$695                                  | \$895                             | \$850                             | \$1050  |            |
| •  | Professional (RD, PharmD, RN, PhD)                |                  |  |  | \$735                  | \$635                                  | \$835                             | \$790                             | \$985   |            |
| Trainee/Early Car  | reer**  |                  |  | \$370  | \$550                  | \$470                                  | \$650                             | \$545                             | \$725   |            |
| Student**  |   |                  |  | \$120  | \$220                  | \$145                                  | \$245                             | \$195                             | \$295   |            |
| *Does not includ   | e preconferend                                    | ce courses.      |  |  |                        |  | MA                                | N CONFERENCE RE                   | GISTRATION TOTAL                                    | \$         |
| ASPEN26 MAIN CONFERENCE • VIRTUAL* • SATURDAY, FEBRUARY 14 – TUESDAY, FEBRUARY 17, 2026  |   |                  |  |  |                        |  |                                   |                                   |   |            |
| REGISTRATION 1   | TVDF  |                  |  | Early Rate by 10/22/25   |                        | Regular Rate by 1/7/26                 |                                   | Late/Onsite Rate 1/8/26 and After |   |            |
| KEGISTKATION I   |   |                  |  | Member   | Non-Member             | Member                                 | Non-Member                        | Member                            | Non-Member  |            |
| All Disciplines  |   |                  |  | \$440  | \$630                  | \$540                                  | \$730                             | \$640                             | \$830   |            |
| Student**  |   |                  |  | \$125  | \$225                  | \$125                                  | \$225                             | \$125                             | \$225   |            |
| *Does not include  | e preconferenc                                    | ce courses.      |  |  |                        |  | VIRTUAL MA                        | N CONFERENCE RE                   | GISTRATION TOTAL                                    | \$         |
| ASPEN26 DAI  | LY CONFERE  | ENCE • LON       | G BEACH CON                              | /ENTION & ENTE   | ERTAINMENT CEN         | TER*                                   |                                   |                                   |   |            |
| REGISTRATION TYPE  |   |                  | Early Rate by 10/22/25                   |  | Regular Rate by 1/7/26 |  | Late/Onsite Rate 1/8/26 and After |                                   |   |            |
| Select One:  |   |                  |  | Member   | Non-Member             | Member                                 | Non-Member                        | Member                            | Non-Member  |            |
| Saturday   | Sunday  | Monday           | Tuesday                                  | \$325  | \$425                  | \$350                                  | \$450                             | \$375                             | \$550   |            |
| *Includes in-person access to educational sessions for one day and ASPEN Expo on Saturday, Sunday, or Monday.  Does not include preconference courses.  DAILY REGISTRATION TOTAL |   |                  |  |  |                        |  |                                   |                                   | \$  |            |
| ASPEN26 DAII   | LY CONFE <u>re</u>                                | ENCE • VIRT      | UAL*                                     |  |                        |  |                                   |                                   |   |            |
| REGISTRATION TYPE Select One:  |   |                  | Early Rate by 10/22/25                   |  | Regular Rate by 1/7/26 |  | Late/Onsite Rate 1/8/26 and After |                                   |   |            |
|  |   |                  | Member Non-Member                        |  | Member Non-Member      |  | Member Non-Member                 |                                   |   |            |
| Saturday   | Sunday  | Monday           | Tuesday                                  | \$250  | \$350                  | \$275                                  | \$375                             | \$325                             | \$425   |            |
| *Includes virtual  | access to edu                                     | cational session | is for one day. Doe                      | s not include precor   |                        | 72.0                                   | 7070                              |                                   | CISTRATION TOTAL                                    | ¢          |

<sup>\*\*</sup>All student and trainee/early career registrants must submit a letter or transcript showing proof of status. For more information, visit nutritioncare.org/conference/fags

## PLEASE TYPE OR PRINT CLEARLY

| Last Name  |   |                 |                           | First Name      |                                      |                      |                   |                           |                             |    |  |
|--|---|-----------------|---------------------------|-----------------|--------------------------------------|----------------------|-------------------|---------------------------|-----------------------------|----|--|
| PHYSICIAN PRECONFERENCE (<br>(Full conference registration is not rec  |   |                 | & ENTERTAL                | NMENT CE        | NTER • IN-PI                         | ERSON AND            | VIRTUAL •         | FEBRUA                    | ARY 14, 2026                |    |  |
|  | Early Rate<br>by 10/22/25   |                 | Regular Rate<br>by 1/7/26 |                 | Late/Onsite Rate<br>1/8/26 and After |                      | Medical Students/ |                           |                             |    |  |
| COURSE   | Member  | Non-Member      | Member                    | Non-Member      | Member                               | Member Non-Member    |                   | dents/Fellows*            |                             |    |  |
| Physician Preconference Course - Cor<br>Tactical Approaches in 2026 (PHY-20:<br>Select One: In-Person Virt   | \$160   | \$260           | \$180                     | \$280           | \$200                                | \$300                | Fre               | e Free                    |                             |    |  |
| *All student registrants must submit a<br>For more information, visit nutritional  | of of status.   |                 |                           |                 | PHYSICIAN                            | N PRECONFER          | ENCE REG          | SISTRATION TOTAL          | \$                          |    |  |
| PRECONFERENCE COURSE • LONG BEACH CONVENTION & ENTERTAINMENT CENTER • IN-PERSON AND VIRTUAL • FEBRUARY 14, 2026  |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
| (Full conference registration is not rec   | quired to attend preconference co   | · ·             | Rate by 10/22/            | 25              | Describe Det. 1                      |                      | 1.4.7.00          |                           | 1 /0 /0C and After          |    |  |
| COURSE   | COURSE  |                 |                           |                 | Regular Rate                         | Non-Memb             |                   | ember                     | 1/8/26 and After Non-Member | -  |  |
|  | Pediatric Preconference Course - Human Milk and Substitutes:                    |                 |                           |                 | \$165                                |                      |                   | 185                       | \$285                       |    |  |
|  |   |                 |                           |                 |                                      | DEDIATRIO DECONICERI |                   | FNOT DEGICEDATION TOTAL   |                             | s  |  |
| PEDIATRIC PRECONFERENCE REGISTRATION TOTAL   |   |                 |                           |                 |                                      |                      |                   |                           |                             | •  |  |
| ASDEN MEMBEDSHID _ SAVE  | NOWI  |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
| ASPEN MEMBERSHIP — SAVE NOW!  Join ASPEN to enjoy the many benefits of membership, including discounts to this conference and other educational and research programs, ASPEN books and journals, and more. |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
| D AODEN I  | CATEGORIES  |                 |                           |                 |                                      |                      |                   | Mem                       | bership Rate                |    |  |
|  | Become an ASPEN member MD, DO, DVM, Non-healthcare/                             |                 |                           |                 | ndustry Professional                 |                      |                   |                           |                             |    |  |
| and save up to \$455 on full in-person conference  | ner, Pharmacist, Researcher, Physician Assistant, and Other Health Professional |                 |                           |                 |                                      |                      |                   | \$170                     |                             |    |  |
| registrations.   |   |                 |                           |                 |                                      |                      |                   | \$125                     |                             |    |  |
|  | Student*  |                 |                           |                 |                                      |                      |                   |                           | \$60                        |    |  |
| *Documentation required, for more information, visit nutritioncare.org/join  MEMBERSHIP DUES TOTAL   |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
|  |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
| ASPEN RHOADS RESEARCH FO   |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
| A 501(c)3 Non-Profit Organization (Co  | ontributions are tax deductible to  | the fullest ext | ent permitted b           | y law)          |                                      |                      |                   |                           |                             |    |  |
| \$25 \$50 \$100  | \$500 Other: \$   | li              | n Honor/Memoi             | y of:           |                                      |                      |                   | \$                        |                             |    |  |
|  |   | Н               | onoree's Email            | Address:        |                                      |                      |                   |                           |                             |    |  |
|  |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
|  |   |                 |                           |                 |                                      |                      |                   | 0.5                       | NAME TOTAL                  | •  |  |
|  |   |                 |                           |                 |                                      |                      |                   | GK                        | RAND TOTAL                  | \$ |  |
| Contoot  | the ACDEN office of comen   | @mutuitian      |                           | 01 507 61       | 15 if you ha                         |                      | aada valat        | ad ta a d                 | iaahilitu                   |    |  |
| Contact  | the ASPEN office at aspen   | @nutrition(     | are.org or 3              | 01-367-03       | 515 II you na                        | ve speciai i         | ieeus reiau       | eu to a ui                | isaviiity.                  |    |  |
|  |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
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|  |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
| PAYMENT INFORMATION  |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
| Check payment enclosed, made pay   | Vable to ASPEN (IIS Dollars drawn   | on a IIS Rant   | 1)                        |                 |                                      |                      |                   |                           |                             |    |  |
|  | n Express Discover  | Masterc         | •                         | SA              |                                      |                      |                   |                           |                             |    |  |
| I authorize ASPEN to charge my crea  |   |                 |                           |                 | ha conference fe                     | oos Lauthoriza       | ASPEN to ma       | ke the nec                | accary adjustments          |    |  |
| and to charge my card accordingly.   |   | o muroateu al   | ove. II i liave III       | เองนเงนเสเซน โ  | no comercined it                     | ,00, i additilize    | , NOI LIN TO IIIC | ino the hel               | cooury aujustiliellis       |    |  |
|  |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |
| Card #   |   |                 |                           | Expiration Date |                                      |                      |                   | CSC# (Card Security Code) |                             |    |  |
| Printed Name (as it appears on the card-please print it clearly)  Cardholder's Signature   |   |                 |                           |                 |                                      |                      |                   |                           |                             |    |  |

#### **ASPEN26 Cancellation and Refund Policy (In-Person Attendance)**

All cancellation requests must be sent in writing to the ASPEN national office via email, fax, or standard mail. Cancellation requests made via telephone will not be accepted. A refund of the registration fee, minus a \$125 administrative fee for the in-person conference and \$25 for each in-person preconference course will be issued if received on or before January 7, 2026. Cancellation requests received from January 8, 2026 and on or before January 29, 2026 will receive 50% of all monies paid less the same administration fees above. No refunds will be issued on or after January 30, 2026, including paid registrants who do not attend in person.

E-mail requests should be sent to: aspen@nutritioncare.org—Subject Line: ASPEN 2026 Cancellation. Requests via fax should be faxed to: 301-587-2365. Written requests via standard mail should be submitted to: ASPEN 2026 Nutrition Science & Practice Conference Cancellation, 8401 Colesville Road, Ste 510, Silver Spring, MD 20910.

Mailed requests must be postmarked by deadline dates above. Refunds will be issued approximately 4-6 weeks after the conclusion of the conference. When you request a refund, you will be confirming that you have reviewed and understand this attendee registration refund policy.

### **ASPEN26 Cancellation and Refund Policy (Virtual Attendance)**

All cancellation requests must be sent in writing to the ASPEN national office via email, fax, or standard mail. Cancellation requests made via telephone will not be accepted. A refund of the registration fee, minus a \$75 administrative fee for the virtual conference and \$25 for each virtual preconference will be issued if received on or before January 7, 2026. Cancellation requests received from January 8, 2026 and on or before January 29, 2026 will receive 50% of all monies paid less the same administration fees above. No refunds will be issued on or after January 30, 2026, including paid registrants who do not attend.

E-mail requests should be sent to: aspen@nutritioncare.org—Subject Line: ASPEN 2026 Cancellation. Requests via fax should be faxed to: 301-587-2365. Written requests via standard mail should be submitted to: ASPEN 2026 Nutrition Science & Practice Conference Cancellation, 8401 Colesville Road, Ste 510, Silver Spring, MD 20910.

Mailed requests must be postmarked by deadline dates above. Refunds will be issued approximately 4-6 weeks after the conclusion of the conference. When you request a refund, you will be confirming that you have reviewed and understand this cancellation and refund policy.

#### **Substitution Policy**

Switching registration to another person: If you cannot attend the conference and would like to have someone else attend in your place, the cut-off date for this type of substitution is on or before January 30, 2026. There is a \$25 substitution fee and only one substitution is permitted per original registration. Please submit a brief note requesting the change, a copy of the original registrant's confirmation email, and a completed registration form for the person you are transferring the registration to via standard mail, fax, or email. We will process the transfer and email a confirmation to the new attendee. The individual submitting the substitution request is responsible for all financial obligations (any balance due, substitution fee) associated with the transfer. Any changes in the courses are subject to availability.

Switching registration from in-person to virtual: A \$25 administrative fee will be charged to registrants changing their in-person registration to virtual registration. Any variance in price for the registration will be refunded 4 to 6 weeks after the conference, less the administrative fee. If the registration change is requested on or after January 30, 2026, there will be no refund in the price difference.

Switching registration from virtual to in-person: If a registrant changes their virtual registration to an in-person registration, they will need to pay the difference in the registration rate plus a \$25 administrative fee.

Please contact aspen@nutritioncare.org or 301-587-6315 to make any changes to your registration type.

#### **Liability and Photography Waiver**

I agree and acknowledge that my participation in various ASPEN 2026 Nutrition Science & Practice Conference (ASPEN26) events may give rise to occasional instances of loss or injury. Except to the extent that such instances may result from the negligence or misconduct of ASPEN, I hereby waive and release any claims that I might have against ASPEN and its employees, members and representatives. I understand that ASPEN may, at its option, make photographs, videos or recordings of ASPEN26 events, which may include my likeness or participation, and reproduce them in ASPEN educational, news or promotional material, whether in print, electronic or other media, including the ASPEN Web site (nutritioncare.org) and ASPEN managed social media sites. By participating in ASPEN26, I hereby grant ASPEN permission to make, use and distribute such items, and I waive any rights to seek payment or compensation.