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## APHA Registration Confirmation and Receipt - 717565

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From [apharegistration@spargoinc.com](mailto:apharegistration@spargoinc.com) <[apharegistration@spargoinc.com](mailto:apharegistration@spargoinc.com)>

Date Tue 10/28/2025 8:40 AM

To Rita Carreon <[rcarreon@unidosus.org](mailto:rcarreon@unidosus.org)>

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**APHA 2025**  
ANNUAL MEETING & EXPO

*Making the Public's Health a National Priority*  
**November 2-5, 2025 • Washington, D.C.**



View it on your Phone

## APHA Registration Confirmation and Receipt - 717565

Thank you for registering for the American Public Health Association's 2025 Annual Meeting and Expo in Washington, DC.

For additional information, please email [annualmeeting@apha.org](mailto:annualmeeting@apha.org)

If you paid for APHA membership through the Annual Meeting registration process, you will receive a separate confirmation for your membership dues payment.

**Your registration number is:** 717565

**Your registration was completed on:** 10/28/2025

**Name:** Rita Carreon

**Company:** UNIDOS US

**Address:** 1126 16th Street, NW, Suite 600

**City/State/Zip:** Washington, DC 20036

**Country:** USA

**Phone:** 202-733-8257

**Email:** [rcarreon@unidosus.org](mailto:rcarreon@unidosus.org)

**Badge Name:**

**Badge City:**

**Badge State:**

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### **Registration Information**

Full Conference - Regular Member

\$850.00

### **Payment Information**

Payment Type: CCD Payment

Reference: American Express

3xxx1000 Exp: 11/27

Payment Amount: \$850.00

Amount Due: \$850.00

Amount Paid: \$850.00

Balance Due:\$0.00

### **Badge Information**

If you registered prior to September 24, 2025, your badge will be mailed to you. Your badge entitles you to full access to the Annual Meeting, including in-person and digital sessions, poster sessions, the Public Health Expo and social events. Badges will be checked at all sessions and events. Please remember to bring your badge with you to Washington, DC. There is a \$25 badge reprint fee for lost or forgotten badges. **For more information on the program and schedule, please visit <https://apha.confex.com/apha/2025/meetingapp.cgi/Home/0>.**

### **Registration and Information Desk hours**

Saturday, November 1.....8:00 am - 6:30 pm

Sunday, November 2.....7:00 am - 6:00 pm

Monday, November 3.....7:30 am - 5:00 pm

Tuesday, November 4.....7:30 am - 4:00 pm

Wednesday, November 5.....7:30 am - 12:00 pm

### **Continuing Education**

Registration for Continuing Educations (CE) credits must be completed before noon on **November 5, 2025**. If you have signed up for CE credits, you have until **December 12** to access the online CE Evaluation System to complete the evaluation in order to earn credit hours and obtain a CE certificate. Credit will only be given to sessions attended in-person. There is no credit for viewing on-demand, recorded sessions. There are no refunds for CE after the start of the meeting.

We encourage anyone new to the online evaluation process to visit the CE Booth in the on-site registration area. Staff will be on hand to walk you through the process and answer any questions. For more information, contact Alyssa Holland at [alyssa.holland@apha.org](mailto:alyssa.holland@apha.org).

### **Accessibility**

APHA is committed to making the Annual Meeting accessible to the widest range of people possible. Contact [access@apha.org](mailto:access@apha.org) to let us know how we can better address your specific accessibility needs.

### **Cancellation Policy**

Notice of registration cancellation must be received in writing by APHA no later than Sept. 30. No refunds will be processed after that date. Email your written cancellation to [apharegistration@spargoinc.com](mailto:apharegistration@spargoinc.com).

- Membership is non-transferable, non-refundable and non-tax-deductible. Membership discount applies PRIOR to registration only. No refund will be provided if membership is changed after registration.
- Ticketed events and contributions to Help Us Help Them are non-refundable.
- Substitutions are permitted with a \$100 transfer fee and written authorization from the original registrant. If the original registrant is a member, the substitute must also be a member or pay to become a member. There are no refunds for a change in membership category.
- A \$100 cancellation fee will be deducted from each Annual Meeting registration (\$50 for Students, discounted member categories and guests), plus a \$75 fee for each Learning Institute.
- For international participants, if the cancellation is due to a visa denial, requests for refunds must be supported by official documentation. After the cancellation deadline, no refund will be issued.
- There will be no refunds for digital meeting registration.
- No refund will be given for switching to the digital meeting.
- Cancelling your registration will NOT automatically cancel your hotel. Be sure to cancel your reservation separately with APHA Housing Services, [aphahousing@spargoinc.com](mailto:aphahousing@spargoinc.com).

**We look forward to seeing you at the 2025 Annual Meeting & Expo in Washington, DC, November 2-5, 2025.**

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APHA Registration Services  
11208 Waples Mill Road, Suite 112  
Fairfax, VA 22030  
**Phone:** 571-549-4524  
**Fax:** 703 574-8332  
**Email:** [apharegistration@spargoinc.com](mailto:apharegistration@spargoinc.com)  
For housing questions, please contact [aphahousing@spargoinc.com](mailto:aphahousing@spargoinc.com)

CHANGES/CANCELLATIONS

BOOK YOUR HOTEL

I'm going to APHA's 2025 Annual Meeting and Expo, November 2-5 in Washington, D.C.! Will I see you there? Register today to connect with me and 12,000 public health professionals and partners from around the world. #APHA2025 #PublicHealth



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## APHA Order Confirmation

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**From** noreply@apha.org <noreply@apha.org>

**Date** Tue 10/28/2025 8:24 AM

**To** Rita Carreon <rcarreon@unidosus.org>

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



Dear Rita,

Thank you for your order! Here are your order details. Please retain this email for your records.

**Order Date:** Oct 28, 2025 8:17 AM

**Bill To:** Rita Carreon

**Order Total:** 210.00

**Payment Method:** American Express \*\*\*\*\*1000

**Name on Card:** Rita Carreon

Item	Price	Qty	Total
Invoice: Renewal Fees - Rita Carreon	210.00	1	210.00
<b>Item Total</b>			0.00
<b>Shipping</b>			0.00
<b>Handling</b>			0.00
<b>Item Grand Total</b>			0.00
<b>Invoice Total</b>			210.00
<b>Transaction Grand Total</b>			210.00

Thank you again for your support!

**American Public Health Association**  
**800 I Street, NW | Washington, DC 20001**  
**Phone: 202-777-2742**



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**Your receipt from Apple.**

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**From** Apple <no\_reply@email.apple.com>  
**Date** Fri 10/31/2025 1:14 AM  
**To** Rita Carreon <rcarreon@unidosus.org>

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



# Receipt

October 30, 2025

**Order ID:** MQQ6DH8YQ9

**Document:** 724042585969

**Apple Account:** rcarreon@unidosus.org



iCloud

\$0.99

iCloud+ with 50 GB (Monthly)

Renews November 30, 2025

Rita's iPhone (2)

Billing and Payment

Rita Carreon

1126 16th street, NW suite 600

Washington DC 20036-4845

United States

Subtotal

\$0.99

Tax

\$0.06

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American Express •••• 1000

\$1.05

If you have any questions about your bill, [contact support](#). This email confirms payment for the iCloud+ plan listed above. You will be billed each plan period until you cancel by [downgrading](#) to the free storage plan from your iOS device, Mac or PC.

You may contact Apple for a full refund within 15 days of a monthly subscription upgrade or within 45 days after a yearly payment. Partial refunds are available where required by law.

You can turn off renewal receipts to stop getting emails each time your subscriptions renew. You can always view your receipts from App Store settings > Purchase History.

[Turn Off Renewal Receipt Emails](#)

Get Help with Subscriptions and Purchases

[Manage Subscriptions >](#)

[Purchase History >](#)

[Report a Problem >](#)

[View Your Account Information >](#)

[Visit Apple Support >](#)

**Apple Card**

Save 3% on all your Apple purchases.<sup>1</sup>



[Apply and use in minutes<sup>2</sup>](#)

1. 3% savings is earned as Daily Cash and is the total amount of Daily Cash earned for these purchases. You can choose to direct Daily Cash to a Savings account or to an Apple Cash account. If you do not have either set up to receive your Daily Cash, it

can be applied as a statement credit. Apple Card is issued and Savings accounts are provided by Goldman Sachs Bank USA, Salt Lake City Branch, Member FDIC. Daily Cash is earned on purchases after the transaction posts to your account. Actual posting times vary by merchant. Daily Cash is subject to exclusions, and additional details apply. See the Apple Card Customer Agreement for more information.

2. Subject to credit approval.

Apple Payments Services LLC, a subsidiary of Apple Inc., is a service provider of Goldman Sachs Bank USA for Apple Card and Savings accounts. Neither Apple Inc. nor Apple Payments Services LLC is a bank.

To access and use all Apple Card features and products available only to Apple Card users, you must add Apple Card to Wallet on an iPhone or iPad that supports and has the latest version of iOS or iPadOS. Apple Card is subject to credit approval, available only for qualifying applicants in the United States, and issued by Goldman Sachs Bank USA, Salt Lake City Branch.

Apple Payments Services LLC, a subsidiary of Apple Inc., is a service provider of Goldman Sachs Bank USA for Apple Card and Savings accounts. Neither Apple Inc. nor Apple Payments Services LLC is a bank.

If you reside in the U.S. territories, please call Goldman Sachs at 1-877-255-5923 with questions about Apple Card.

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**Payments:** Your American Express® Corporate Card statement is payable in full upon receipt. Payments received after 5:00pm may not be credited until the next day. Payments must be sent to the payment address shown on your statement and must include the remittance coupon from your statement. Payments must be made in US currency, with a single draft or check drawn on a US bank and payable in US dollars or with a single negotiable instrument payable in US dollars and clearable through the US banking system, or through an electronic payment method clearable through the US banking system. Your Account number must be included on or with all payments. If payment does not conform to these requirements, crediting may be delayed and additional Charges may be imposed. If we accept payment made in a foreign currency, we will choose a conversion rate that is acceptable to us to convert your remittance into US currency, unless a particular rate is required by law. Please do not send post-dated checks. They will be deposited upon receipt. Our acceptance of any payment marked with a restrictive legend will not operate as an accord or satisfaction without our express prior written approval.

**Authorization for Electronic Debit:** We will process checks electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. By submitting a check for payment, you authorize us to initiate an electronic debit from your bank or asset account. When we process your check electronically, your payment may be debited to the bank or asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your bank or asset account statement. If we cannot collect the funds electronically we may issue a draft against the bank or asset account for the amount of the check. If you currently send in an individual payment for expenses on the Corporate Card, please note that you are eligible to pay your bill online.

**Authorization for Electronic Payments:** By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you will be authorizing us to initiate an electron debit to the financial account you specify in the amount you request. Payments received after 5:00pm may not be credited until the next day.

**Transactions Made in Foreign Currencies:** If you incur a Charge in a foreign currency, it will be converted into US dollars on the date it is processed by us or our agents. Unless a particular rate is required by applicable law, we will choose a conversion rate that is acceptable to us for that date. Currently the conversion rate that we use for a Charge in a foreign currency is no greater than (a) the highest official conversion rate published by a government agency, or (b) the highest interbank conversion rate identified by us from customary banking sources, on the conversion date or the prior business day, **in each instance increased by 2.5%**. This conversion rate may differ from rates in effect on the date of your Charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

**In Case of Errors or Questions About Your Bill:** If you think your bill is incorrect, or if you need more information about a transaction on your bill, please call 1-800-528-2122 or the number on the back of your Card. You can also write us on a separate sheet of paper at the Customer Service address noted to the right. Requests for refunds of credit balances (designated "CR") should be made by calling us at 1-800-528-2122 or the number on the back of your Card. Billing disputes can also be initiated online. This applies to Corporate Cards only, not Cards issued under the Corporate Defined Express Program.

**In Case of Errors or Questions About Electronic Transfers:** Please contact us by calling 1-800-IPAY-AXP for Pay By Phone, Pay By Computer issues and automatic payment issues.

**When Contacting Us Regarding Errors or Questions:** We must hear from you no later than 60 days after we send you the first bill on which the error or problem appeared. When contacting us, please give us the following information: 1. Your name and account number; 2. The dollar amount of the suspected error; 3. Describe why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.



**Manage your Card account online at:**  
americanexpress.com/  
checkyourbill



**For all further inquiries or to pay by phone,** please call the number on the back of your Card.

**If your Card has been lost or stolen,** please call 1-800-528-2122

**International Collect:**  
1-336-393-1111

**Hearing Impaired Services:**  
Dial Relay 711 and  
1-800-528-2122

**Large Print and Braille Statements:**  
1-800-528-2122



**Customer Service**  
P.O. Box 981531  
El Paso, TX  
79998-1531

**Payments**  
PO BOX 96001  
LOS ANGELES CA 90096-  
8000

## Change of Address, phone number, email

- Online at [www.americanexpress.com/updatecontactinfo](http://www.americanexpress.com/updatecontactinfo)
- Via Mobile device
- Voice automated: call the number on the back of your card
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care

**Please do not add any written communication or address change on this stub.**



Prepared For  
**RITA CARREON**  
 UNIDOS US

Account Number  
 XXXX-XXXXX5-11000

Closing Date  
 11/28/25

**Activity** Date reflects either transaction or posting date

<b>Card Number XXXX-XXXXX5-11000</b>		Reference Code	<b>Amount \$</b>
11/13/25	CORPORATE REMITTANCE RECEIVED 11/13		-382.36
10/28/25	ANNUAL MEMBERSHIP RENEWAL FEE PERIOD 12/25 THRU 11/26	01900001225	35.00
10/29/25	APHA ANNUAL MEETING WASHINGTON DC REF# 8637683523 202-777-2742 10/28/25 MEMBERSHIP FEES ROC NUMBER 8637683523	86376835230	850.00
10/29/25	APHA EDONOREDUEPUBS WASHINGTON DC REF# 6840063502 202-777-2742 10/28/25 MEMBERSHIP FEES ROC NUMBER 6840063502	68400635020	210.00
10/30/25	APPLE.COM/BILL CUPERTINO CA REF# MQQ6DH8YQ9A0 RECORD STORE 10/30/25		1.05
11/03/25	LYFT *RIDE SUN 6PM SAN FRANCISCO CA REF# CH_2SPAXVJBK +18552800278 11/02/25		12.99
<b>Total for RITA CARREON</b>		New Charges/Other Debits Payments/Other Credits	1,109.04 -382.36





Rita Carreon <rcarreon27@gmail.com>

## Your ride with Jemberu on November 2

1 message

**Lyft Receipts** <no-reply@lyftmail.com>  
To: rcarreon27@gmail.com

Mon, Nov 3, 2025 at 7:05 PM



YOUR RIDE TO 901 MASSACHUSETTS AVE NW ON NOVEMBER 2, 2025 AT 6:50 PM

# Thanks for riding with Jemberu!

100% of tips go to drivers. [Add tip](#)



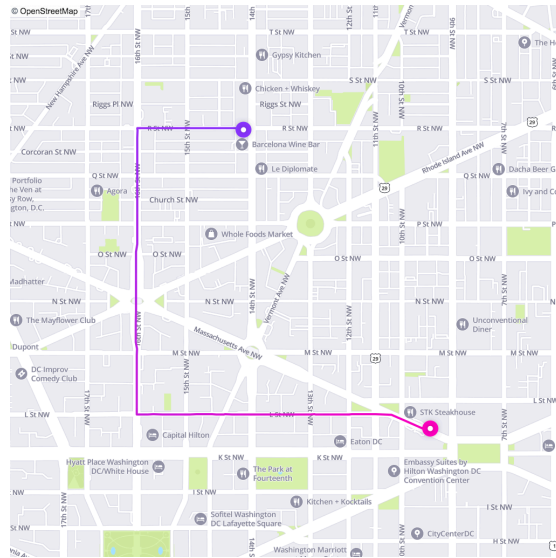
American Express \*1000

# \$12.99

Standard fare (1.50mi, 9m 12s)	\$12.26
DC City Fee	\$0.73

## Your trip

- **Pickup 6:50 PM**  
1401 R St NW, Washington, DC
- **Drop-off 6:59 PM**  
901 Massachusetts Ave NW,  
Washington, DC



## Committed to getting you there safely, every time









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## Get help and more

- |   |   |  |   |
|---|---|--|---|
|  Tip driver       | > |  Favorite Driver       | > |
|  Find lost item  | > |  Dispute ride charges | > |
|  Report incident | > |  Help center          | > |

Select 'You' on the home screen in the Lyft app, then '[Ride History](#)' to view your ride cost breakdown or get additional help.

To protect against unauthorized behavior, you may see [an authorization hold](#) on your bank statement. This is to verify your payment method and will not be charged.

To share comments or complaints about a ride that violated the law in the District of Columbia, you may contact the DFHV at (202) 645-7300 or <https://dfhv.dc.gov/service/complaints>.

Receipt #2146724046435049268

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548 Market St., P.O. Box 68514  
San Francisco, CA 94104  
CPUC ID No. TCP0032513 - P