



1422 Duke Street
Alexandria, VA 22314

Registration Form Please print or type all information. One individual per form please.
This form may be photocopied for additional registrants.

Registrant's Full Name and Degree Designation (M.D., Ph.D., M.B.A., etc.)

Job Title

Organization Name

Mailing Address

City/State/ZIP

Telephone _____ Fax _____

First Name/Nickname (to appear on badge)

Conference: Wednesday, September 29–Friday, October 1

Before August 13, 2010

AMGA Member or Corporate Partner \$ 745
AMGA Non-Member \$ 1,490

After August 13, 2010

AMGA Member or Corporate Partner \$ 845
AMGA Non-Member \$ 1,590
Spouse/Guest Fee \$ 150

Name of Spouse/Guest _____

Spouse/Guest First Name/Nickname (to appear on badge) _____

GP

Leadership Councils

Participation in the AMGA Leadership Council meetings is limited to the members of the Councils only. If you are unsure of your status, please contact Dustin Gunderson at dgunderson@amga.org or (703) 838-0033, ext. 343.

Wednesday, September 29, 2009

Leadership Council Meeting \$ 195

Leadership Council Meeting Attending (circle one): CMO/Medical Directors Quality

Spouse/Guest Leadership Council Dinner Cruise Fee \$70

Group Discount

Four (4) or more paid registrations from the same healthcare organization or AMGA corporate partner will receive a \$100 per registration discount. To receive your \$100 discount for this current registration, please attach all registrations. Complimentary registrations do not count toward group discounts. Each registrant also must be individually registered.

Payment Information

Registration forms not accompanied by check or credit card payment will not be processed.

Check, in the amount of \$ _____, is enclosed.

Please charge \$ _____ to my Visa MasterCard American Express

Card number _____ Expiration date _____

Name (please print) _____

Signature _____

Questions? Contact Cathy Clifton at (703) 838-0033, ext. 322 or cclifton@amga.org