



2011 Southern Regional Meeting  
Charlotte, NC | May 13, 2011

**REGISTRATION FORM**

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| <p>_____<br/>Registrant's Full Name and Title (Dr., Mr., Ms., etc.)</p> <p>_____<br/>Title</p> <p>_____<br/>Organization</p> <p>_____<br/>Mailing Address</p> <p>_____<br/>City/State/Zip</p> <p>_____<br/>Telephone/Fax</p> <p>_____<br/>E-mail</p> <p>_____<br/>First Name/Nickname (to appear on badge)</p> <p><b>REGISTRATION FEE</b></p> <p><b>AMGA Group member</b> <input type="checkbox"/> \$125</p> <p><b>Non-AMGA Group Member</b> <input type="checkbox"/> \$250</p> <p>(Medical groups only)</p> <p><b>GROUP DISCOUNT</b> <input type="checkbox"/><br/>Groups wishing to send more than one participant are eligible for the following discount: For each registration in addition to the first participant, please deduct \$50 from the original fee.</p> <hr/> <p><b>The meeting will be held at the</b><br/>Charlotte Marriott Executive Park<br/>5700 Westpark Drive<br/>Charlotte, NC 28217</p> <p>AMGA has reserved a block of rooms for attendees wishing to stay the night before the meeting. Please contact the Charlotte Executive Park directly at (704) 527-9650 and request the AMGA room rate of \$149 per night. The rate is being held until April 21, 2011. After this date, rate and availability are not guaranteed.</p> | <p><b><u>PAYMENT INFORMATION</u></b></p> <p><input type="checkbox"/> Check, in the amount of _____, is enclosed.<br/>Please charge _____ to my:</p> <p><input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> American Express</p> <p>_____<br/>Credit Card Number                      Expiration Date</p> <p>_____<br/>Cardholder's Name</p> <p>_____<br/>Authorized Signature</p> <p style="text-align: center;"><b><u>THREE WAYS TO REGISTER</u></b></p> <p><input type="checkbox"/> Register online at <a href="http://www.amga.org">www.amga.org</a>.<br/> <input type="checkbox"/> Fax registration forms to (703) 548-1890<br/> <input type="checkbox"/> Mail registration forms to AMGA, One Prince Street, Alexandria, VA 22314-3318</p> <p style="text-align: center;"><b><u>CANCELLATIONS, REFUNDS, &amp; SUBSTITUTIONS</u></b></p> <p>Cancellations must be submitted in writing no later than two weeks prior to the event date in order to receive a refund, less a \$75 processing fee. No-shows are not eligible for refunds. Substitutions are welcome and will not incur a processing fee. Cancellations after the date are not eligible for refunds.</p> <hr/> <p style="text-align: center;"><b><u>AMGA'S ADA STATEMENT</u></b></p> <p><i>The American Medical Group Association is committed to making each of its educational activities accessible to all participants so they may be actively involved in the meetings and conferences. If you have special physical, dietary or communication needs that require auxiliary aids or services identified in the Americans with Disabilities Act, please list your requests below:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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