



2011 Northwest Regional Meeting  
Seattle, WA | October 14, 2011

**REGISTRATION FORM**

\_\_\_\_\_  
Registrant's Full Name and Title (Dr., Mr., Ms., etc.)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone/Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
First Name/Nickname (to appear on badge)

**REGISTRATION FEE**

**AMGA Group member**  \$125

**Non-AMGA Group Member**  \$250

(Medical groups only)

**GROUP DISCOUNT**

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.

**The meeting will be held at the**

Westin Seattle  
1900 Fifth Avenue  
Seattle, WA 98101

AMGA is holding rooms for attendees who wish to stay the evening before the event. However, the rate is only being held until September 13, 2011. After this date, rate and availability are not guaranteed. Please contact the Westin Seattle directly at (206) 728-1000 ext. 5533 and request the AMGA rate of \$169 per night.

**PAYMENT INFORMATION**

Check, in the amount of \_\_\_\_\_, is enclosed.  
Please charge \_\_\_\_\_ to my:

Visa     MasterCard     American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Authorized Signature

**THREE WAYS TO REGISTER**

- Register online at [www.amga.org](http://www.amga.org).
- Fax registration forms to (703) 548-1890
- Mail registration forms to AMGA, One Prince Street, Alexandria, VA 22314-3318

**CANCELLATIONS, REFUNDS, & SUBSTITUTIONS**

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.

**AMGA'S ADA STATEMENT**

*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:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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