



# Large Group Council Executive Summit July 10-12, 2024 Nashville, TN

## Registration Form

\_\_\_\_\_  
*Registrant's Full Name and Designation*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Organization*

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

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*CC/Assistant E-mail*

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

\_\_\_\_\_  
*ADA Requirements/Food Allergies (If Applicable)*

### REGISTRATION: please check all that apply (*medical groups only*)

Description	Fee
General Registration	<input type="checkbox"/> \$750
Spouse Registration*	<input type="checkbox"/> \$200
I will be attending the Thursday night dinner	<input type="checkbox"/> \$0

\*If registering spouse, please provide name \_\_\_\_\_

### PAYMENT:

Check, in the amount of \$ \_\_\_\_\_, is enclosed (check payable to AMGA)

Please charge \$ \_\_\_\_\_ to my:  Visa  MasterCard  American Express

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

\_\_\_\_\_  
*Exp Date*

\_\_\_\_\_  
*Security Code*

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

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