



Annual Compensation & Operations Meeting
October 8 - 10, 2025
San Antonio, TX

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"/> \$775 |

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

Signature