Registration Form

AMGA 2026 ANNUAL CONFERENCE

April 15-18, 2026 | Mandalay Bay | Las Vegas, NV

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

Registration Information

Full Name (w/degree if applicable) _____

First Name/Nickname (to appear on badge) _____

Job Title _____

Organization _____

Mailing Address _____

City/State/ZIP _____

Cell Phone Number _____

Email _____

Assistant's Name _____

Assistant's Email _____

Emergency Contact Name and Telephone _____

☐ I agree, by registering to attend the AMGA 2026 Annual Conference, I will abide by the policies for the conference, including the Code of Conduct.

☐ I require ADA accommodations, please contact me.

How did you hear about AMGA's conference? _____

Why did you choose to attend? _____

Is this your first AMGA Conference? _____

General Conference Registration (April 15–18)

	Early Through 2/20/26	Advance 2/21/26–4/3/26
AMGA Member/Corporate Partner	☐ $1,095	☐ $1,295
AMGA Nonmember	☐ $1,495	☐ $1,895

Please note: Your conference fee includes the welcome reception on April 16 and activities on April 17 and 18. The above rate does not include Leadership Council meetings or immersion sessions. Attendees must pay a separate fee for each preconference activity.

Total for Conference Registration $_____

Preconference Activities

Spring Council Meetings (April 15–16)
(AMGA Medical Group Members Only) ☐ $350

Write in below which Council you are attending:

_____

Women in Leadership Council (April 15)
(AMGA Medical Group Members Only) ☐ $150

Immersion Sessions (April 16)

AMGA Member/Corporate Partner
Early Bird (Through 2/20/26) ☐ $495

AMGA Nonmember
Early Bird (Through 2/20/26) ☐ $695

Indicate choice of session below:

☐ ***Compensation & Operations Semi-Annual Meeting***

☐ ***More Than Medicine: Integrating Culture, Compassion, and Equity in Chronic Care***

Spouse/Guest Registration

Guest registration includes access to evening receptions on April 16–18. Breakfasts and lunches are not included.

Spouse/Guest Fee Complimentary

Name _____

Indicate choice of optional excursion ($100 per person):

☐ *Trail & Tranquility*

☐ *Hoover Dam Experience*

☐ *When the Mob Ran Las Vegas*

Total for Preconference Activities

$_____

Discounts

Four (4) or more paid general conference registrations from the same healthcare organization or corporate partner will receive a $100 per registration discount. Attach all registrations from the same organization to receive the discount.

Return the completed form to:
Conference Registrar / AMGA
One Prince Street
Alexandria, VA 22314-3318

Conference + Preconference Total (with discounts): $ _____

Payment information

☐ Check in the amount of $_____ is enclosed.

☐ Please charge $_____ to my: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number _____ Exp. Date _____ Security Code _____

Cardholder's Name _____

Authorized Signature _____

Cancellation Policy: *Unable to travel to Las Vegas after you've sent in your registration? A cancellation request can be sent to AMGA in writing by* **Friday, February 20, 2026**, *for a refund less a $100 processing fee. Cancellations between February 21 and April 3 have the option to obtain a letter of credit less a $100 processing fee for a future AMGA activity or donation. On and after April 4, AMGA will review cancellation requests on a case-by-case basis. Substitutions are welcome.*

Questions? Contact Adam Powers at 703.842.0772 or **registrations@amga.org**.