

2017 Group Rate GROUP Registration Form

Use this form if you are submitting all group registrations at one time with one form of payment

Conference Registration Rate for Groups of 10+: \$45 for AMSA Members / Non-Members

- * Group registrations will be identified by the group leader.
- * All communications about the group will be directed to the group leader.
- * Registrations will not be processed until the group has met the requirement of 10 registrants.
- * Group Leaders can be included in the group.
- * AMSA members and non-members may be included in the group.
- * Group rate is not stackable with other discounts, programs or promotions.
- * All forms must be received by the registration deadline in order for the entire group to be eligible for the group rate.
- * If the minimum requirement is not met by the registration deadline, no member of the group will be eligible to receive the group rate.
- * By submitting this registration, you agree to the cancellation policy and event waivers, as outlined on AMSA's event web page.

Submit form with payment by Fax: **703-620-6445**, Email: **events@amsa.org** or Mail: **AMSA, Attn: Carol Clarke, 45610 Woodland Rd, Ste 300, Sterling VA 20166.**

Registration Group Leader Name (First and Last) _____ Email _____

Group Rate: \$45 – Qty _____ x \$45 Total Amount: \$ _____

Total Amount to be charged: \$ _____ Payment Method: Check Enclosed ___ VISA ___ MasterCard ___ American Express ___

CC Account Number: _____ Exp. Date: _____ CCV: _____

Billing Zip Code for Card: _____ Name on Card: _____

Signature: _____

REGISTRANT INFORMATION

AMSA ID _____ First Name _____ Last Name _____

Email _____ Phone _____

School/Chapter _____

Current Level: None / Freshman / Sophomore / Junior / Senior / Post-Bac / Grad / MS1 / MS2 / MS3 / MS4 / MS5+ / GME 1/2 / GME 3/4 / GME 5+
Degree/Program: BA/BS, MPH, PhD, MD, DO, MD/MPH, DO/MPH, MD/PhD, DO/PhD, MD/MBA, DO/MBA, MD/JD, DO/JD

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please select your Food Preference: Standard ___ Vegetarian ___ Vegan/Gluten-Free ___

Please describe any special needs that we should be aware of (e.g. medical conditions, wheelchair access, life-threatening allergies, etc.) _____

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