

## 2017 Group Rate INDIVIDUAL Registration Form

\*Use this form if each individual within a group is submitting their own form and payment\*

\*Make sure to include the group leader's name below\*

### Conference Registration Rate for Groups of 10+: \$45 for AMSA 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.

Registration Group Leader Name (First and Last) \_\_\_\_\_ Email \_\_\_\_\_

### INDIVIDUAL 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.) \_\_\_\_\_

Group Registration Rate: \$45

Payment Method: Check Enclosed \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

CC Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Billing Zip Code for Card: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

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.**