

2017 Chicago Conference: Group Registration Form

Conference Registration Rate for Groups of 10+: \$500 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.
- * 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 of October 1 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 and must register online individually.
- * 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** or Email: events@amsa.org.

Group Leader Name (First and Last) _____

Email _____

Group Rate: \$500 Total Number of Registrants? _____

Total Amount Due: \$ 500 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 #1

AMSAM 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.) _____

REGISTRANT INFORMATION #2

AMSAM 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.) _____

REGISTRANT INFORMATION #3

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.) _____

REGISTRANT INFORMATION #4

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.) _____

REGISTRANT INFORMATION #5

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.) _____

REGISTRANT INFORMATION #6

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.) _____

REGISTRANT INFORMATION #7

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.) _____

REGISTRANT INFORMATION #8

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.) _____

REGISTRANT INFORMATION #9

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.) _____

REGISTRANT INFORMATION #10

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.) _____
