

2018 Convention 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

Convention Registration Rates: Groups of 5-9: \$169 / Groups of 10-19: \$159 / Groups of 20+: \$149

* 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 their minimum requirement.

* 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 Rate for 5-9: Qty _____ x \$169 each / **Group Rate for 10-19:** Qty _____ x \$159 each / **Group Rate for 20+:** Qty _____ x \$149 each

Payment Method: Check Enclosed ___ VISA ___ MasterCard ___ American Express ___ Discover ___

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.**