

2017 Convention Group Rate GROUP Registration Form

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

Convention Registration Rate for Groups of 5-9: \$159.00

Convention Registration Rate for Groups of 10-19: \$144.00

Convention Registration Rate for Groups of 20+: \$129.00

* 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 5, 10 or 20 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 or promotions.

* All forms must be received by February 15 in order for the entire group to be eligible for the group rate.

* If the minimum requirement is not met by February 15, no member of the group will be eligible to receive the group rate.

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 _____

5-9 Group Rate: \$159 - Qty _____ x \$159 = Total Amount: \$ _____ **OR** **10+ Group Rate:** \$144 - Qty _____ x \$144 = Total Amount: \$ _____
20+ Group Rate: \$129 - Qty _____ x \$129 = Total Amount: \$ _____

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

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

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

Signature: _____

REGISTRANT INFORMATION

AMS A 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

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

Emergency Contact Name: _____ Emergency Contact Phone: _____

Do you want to sign up for Advocacy Day, Thursday, February 23? No additional fee. [] Yes [] No

If yes, please let us know your voting address (street, city, state, zip) _____

Do you want to sign up for a Convention Institute, Sunday, February 26? **Additional Cost: \$45.** [] Yes [] No

If yes, please select one. [] Global Health [] Women's Health

Do you want to sign up for AMSA's Self Awareness Assessment? **Additional Fee: \$29.** Med-Students Only. [] Yes [] No

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By submitting this registration, I agree to the following waivers and policies:

Cancellation Policy: All cancellation requests must be submitted in writing via email to events@amsa.org by January 1, 2017 to receive a partial refund (cancellations are subject to a \$100 cancellation fee). Telephone cancellations will not be accepted. Cancellations after January 1, 2107 are not refundable. If you would like to transfer your registration to another person to attend this event or if you would like to apply your registration fees to another event (must be used within one year), please email events@amsa.org. **Waiver of Liability:** Each individual attending and/or participating in this program/event assumes all risks associated with his/her attendance and participation in all on- and off-site activities that occur during this time. By registering you agree to indemnify and hold harmless AMSA and its governing bodies, officers and employees from all loss, damage or liability arising out of or related to your

attendance and/or participation at this program/event. **Photograph/Video/Audio Release:** AMSA has official photographers and videographers for their meetings and events. Photos, videos, and audio taken may be used, without compensation, in future marketing, publicity, promotions, advertising and training activities for AMSA. By registering for this event, you agree to allow AMSA to use the photographs, video and audio-which may include you-in all media formats worldwide. Please note, AMSA's Convention is held in a public space and, therefore we do not prohibit participants, exhibitors, sponsors, or news organizations from photographing, video-taping or audio-taping. In addition, you agree to hold AMSA harmless in the event that photos, video and audio are used that include your likeness on social media and/or future marketing materials. **Information Release:** By registering for this event, you acknowledge that your email address may be included on attendee lists made available to AMSA's Exhibitors and Sponsors for this event. You will only receive email regarding this event and only during the time-frame leading up to and immediately after the event. **Advocacy Day Participants:** All Advocacy day participants will leave the Hyatt Regency Crystal City promptly at 8:30am for Capitol Hill for training. Based on the information you provide during registration, AMSA will schedule a visit with legislators and/or their staffers for your team on Thursday, February 23. All lobby day visits will be conducted in teams of at least two AMSA members. By checking this box, you are committing to arriving at the Hotel no later than 8:00am on Thursday, February 23 and to attend the lobby day appointment made for you.