AMGA
American Medical Group Association®

Northwest Regional Meeting
Seattle | February 6, 2015

REGISTRATION FORM

_____
Registrant's Full Name and Title (Dr., Mr., Ms., etc.)

_____
Title

_____
Organization

_____
Mailing Address

_____
City/State/Zip

_____
Telephone/Fax

_____
E-mail/CC E-mail

_____
First Name/Nickname (to appear on badge)

REGISTRATION (Medical groups only)

AMGA Group Member	☐ $0
Non-AMGA Group Member	☐ $895
GROUP DISCOUNT	☐ - $50

(Applicable if two or more attend from one organization)

PAYMENT INFORMATION

☐ Check, in the amount of _____, is enclosed.

Please charge _____ to my:

☐ Visa ☐MasterCard ☐ American Express

_____
Credit Card Number Expiration Date

_____
Cardholder's Name

_____
Authorized Signature

THREE WAYS TO REGISTER

☐ Email registration form to bsutter@amga.org
☐ Fax registration form to (703) 548-1890
☐ Mail registration form to:
AMGA, One Prince Street, Alexandria, VA 22314-3318

CANCELLATIONS, REFUNDS, AND SUBSTITUTIONS

Cancellations must be submitted in writing no later than two weeks prior to the event date in order to receive a refund, less a $75 processing fee. No-shows are not eligible for refunds. Substitutions are welcome and will not incur a processing fee. Cancellations after the date are not eligible for refunds.

AMGA'S ADA STATEMENT

The American Medical Group Association is committed to making each of its educational activities accessible to all participants so they may be actively involved in the meetings and conferences. If you have special physical, dietary or communication needs that require auxiliary aids or services identified in the Americans with Disabilities Act, please list your requests below:

_____
_____
_____
_____
_____