

# EARLY BIRD REGISTRATION FORM

American Medical Technologists' 77th Educational Program & National Meeting • June 22 – 25, 2015 • Big Island, Hawaii

## Registrant Information

(Please print or type)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country (if not U.S.A.) \_\_\_\_\_

Telephone: Business (\_\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Membership Information: AMT: MT  MLT  RPT  RMA

CMLA/COLT  RDA  Other : \_\_\_\_\_ AMT Registrant ID# \_\_\_\_\_

Check if not a member of AMT

Check if this is your first AMT Convention

Check if 2014 Chicago was your first AMT Convention

Check if you are a student  School \_\_\_\_\_

Check if you would like to be a speaker/moderator

Check if you are a 50-year member  60-year member

For Badge: How should we print your first name or nickname?

\_\_\_\_\_

Special Needs:  Check here if you have a disability and may require accommodation to fully participate. \_\_\_\_\_

If you have a special dietary need, please indicate:

Vegetarian  Other \_\_\_\_\_

AMT will make every effort to meet your special requirements. *This does not include your hotel restaurant meals or accessibility needs. Please inform the hotel directly of any special requirements.*

Registration Fee must accompany this form. Registration will not be accepted without payment of Registration Fee.

Cancellation must be received by May 15, 2015. Refunds minus a \$25 processing fee will be sent for all cancellations before May 15. No refunds issued after May 15.

**Register before April 1 and your name will be entered in a drawing for a free meeting registration!**

## Registration Fees

(Please check appropriate boxes)

Full package Includes admission to all lectures and workshops  
Continental Breakfast & Coffee Breaks Monday–Thursday, Welcome Reception\*, Awards Banquet Wednesday, Thursday Business Meeting  
(AMT members only)  
*\*If bringing spouse or guest to Welcome Party, see note below under Spouse/Guest Registration.*

Thursday Lunch of Champions

	Before May 1		After May 1		Student	Enter Fee Amount
	Member	Nonmbr	Member	Nonmbr		
<input type="checkbox"/> Full package	\$380	\$458	\$425	\$503	\$165	
<input type="checkbox"/> Thursday Lunch of Champions	\$25	\$25	\$25	\$25	\$25	

## Spouse/Guest Registration

Full package \$168

\_\_\_\_\_ Extra Banquet Ticket(s) @ \$60.00 each \$ \_\_\_\_\_  
(number)

\_\_\_\_\_ Welcome Party tickets for guests not \$ \_\_\_\_\_  
(number) registered for convention @ \$10.00 per person

Spouse/Guest(s) Name \_\_\_\_\_ Name \_\_\_\_\_

## Payment Method — (check one) (U.S. Funds Only)

Check made payable to AMT

Master Card  Visa  DiscoverCard  American Express

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Account in name of \_\_\_\_\_

Signature \_\_\_\_\_

Total Registration Fee(s) \$ \_\_\_\_\_

Donation to Chester Dziekonski Memorial  
Keynote Speaker Fund (optional) \$ \_\_\_\_\_

**TOTAL PAYMENT** \$ \_\_\_\_\_

**(Payment must accompany Registration Form.)**

In case of emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

MAIL TO: AMT • 10700 W. Higgins Rd., Suite 150 • Rosemont, IL 60018 • (fax) 847/823-0458