



AMT
American Medical Technologists
Certifying Excellence in Allied Health

AMT MEDICAL ASSISTANT STUDENT CHALLENGE BOWL
Tuesday, July 3, 2018
at the AMT Educational Program and Annual Meeting
Hyatt Regency Washington on Capitol Hill, Washington, DC

Participation Form

Our school team plans to participate in the AMT Medical Assistant Student Challenge Bowl.

Name of the School: _____

Address: _____

Coach/Instructor: _____

Coach Phone: _____ Contact Email: _____



Student Contestant #1: _____

Email: _____

Student Contestant #2: _____

Email: _____

I understand that the registration fee will be waived for the day of the competition for one coach (\$257/\$295 non-member value) and each of the two student contestants (\$137 value). **The Meeting Registration forms must be received by May 1, 2018 to qualify for this team member discount ([Link to meeting website](#)).** Students and the Coach may take advantage of educational seminars during the day when not competing. I also understand that I will be responsible for my own travel expenses to and from the bowl as well as hotel expenses and meals. If the coach or students would like to attend the entire annual meeting, the full meeting registration fee will be reduced by the value of the Tuesday daily fee value quoted above.

School Official Signature: _____

Title: _____ Date: _____

PLEASE RSVP BY April 1, 2018

Fax: 847-823-0458; ccasey@americanmedtech.org