

EARLY BIRD REGISTRATION FORM

Registration also available online at www.americanmedtech.org.

American Medical Technologists' 79th Educational Program & National Meeting • July 9 – 13, 2017 • Kansas City, MO

Registrant Information

(Please print or type)

Name _____
 Address _____
 City, State, Zip _____
 Country (if not U.S.A.) _____
 Telephone: Business (_____) _____
 Home or Cell Phone (_____) _____
 E-mail _____
 AMT Registrant ID# _____ Check if not a member of AMT
 Check if this is your first AMT Convention
 Check if 2016 Memphis 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.*

In case of emergency, please notify:

Name _____

Relationship _____ Telephone _____

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

SPECIAL LOW EARLY BIRD REGISTRATION FEE FOR AMT MEMBERS FOR THIS MEETING!

Registration Fees

(Please check appropriate boxes)

		Before May 1		After May 1		Student	Enter Fee Amount
		Member	Nonmbr	Member	Nonmbr		
<input type="checkbox"/> Full package	Includes admission to all lectures and Sunday workshops B and D (additional charge for CPR workshops A, C and E) Continental Breakfast & Coffee Breaks Sunday–Thursday, Welcome Reception*, Awards Banquet, Business Meeting (AMT members only) <i>*If bringing spouse or guest to Welcome Party, see note below under Spouse/Guest Registration.</i>	\$225	\$458	\$450	\$503	\$165	
<input type="checkbox"/> Sunday	Workshops B and D (if not registered for full package)	\$25	\$25	\$25	\$25	\$25	
<input type="checkbox"/> Sunday	CPR Training Workshops A, C, E – additional charge	\$45	\$45	\$45	\$45	\$45	
<input type="checkbox"/> Monday	Includes admission to all lectures, Continental Breakfast, Coffee Breaks, Welcome Reception	\$197	\$235	\$197	\$235	\$77	
<input type="checkbox"/> Tuesday	Includes admission to all lectures, Continental Breakfast, Coffee Breaks, Awards Banquet	\$257	\$295	\$257	\$295	\$137	
<input type="checkbox"/> Wednesday	Includes admission to all lectures, Continental Breakfast, Coffee Breaks	\$197	\$235	\$197	\$235	\$77	
<input type="checkbox"/> Thursday	(*Limited to AMT members only — Fee if not registered for full package) Includes admission to Town Hall & Business Meeting, Continental Breakfast, Coffee Breaks	\$25	*	\$25	*	*	
<input type="checkbox"/> Thursday	Lunch of Champions	\$25	\$25	\$25	\$25	\$25	

Spouse/Guest Registration

Full package \$165

Spouse/Guest(s) Name _____ Name _____ \$ _____

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

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

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

Check made payable to AMT

Total Registration Fee(s) \$ _____

Master Card Visa DiscoverCard American Express

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

Account # _____ Exp. Date _____

Account in name of _____

Billing address same as registration address above?

If not, provide billing address:

Signature _____

TOTAL PAYMENT \$ _____

(Payment must accompany Registration Form.)

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

Cancellation must be received by June 15, 2017. Refunds minus a \$25 processing fee will be sent for all cancellations before June 15. No refunds issued after June 15.

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

To help in planning adequate seating, please circle the sessions you plan to attend. See the program listing for numbers. **Do not select concurrent sessions.** Note: Circling of sessions required. Your form will be returned if no sessions are circled.

Session/Course: 1701 1702 1703 1704 1705 1706 1707 1708 1709 1710 1711 1712 1713 1714 1715 1716 1717 1718
 1719 1720 1721 1722 1723 1724 1725 1726 WORKSHOPS: A B C D E