

EARLY BIRD REGISTRATION FORM

Registration also available online at www.americanmedtech.org.

American Medical Technologists' 80th Educational Program & National Meeting • July 1 – 5, 2018 • Washington, DC

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 2017 Kansas City 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

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

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 _____

**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 Monday - Wednesday Breakfast & Coffee Breaks Monday–Thursday, Welcome Reception*, Awards Banquet, Business Meeting (AMT members only) * If bringing spouse or guest to Welcome Reception, see note below under Spouse/Guest Registration.	\$275	\$460	\$475	\$505	\$165	
<input type="checkbox"/> Sunday	Workshops	\$50	\$50	\$50	\$50	\$50	
<input type="checkbox"/> Monday	Includes admission to all lectures, Breakfast, Coffee Breaks, Welcome Reception	\$197	\$235	\$197	\$235	\$77	
<input type="checkbox"/> Tuesday	Includes admission to all lectures, Breakfast, Coffee Breaks, Awards Banquet	\$257	\$295	\$257	\$295	\$137	
<input type="checkbox"/> Wednesday	Includes admission to all lectures, Breakfast, Coffee Breaks	\$197	\$235	\$197	\$235	\$77	
<input type="checkbox"/> Wednesday	Bus transportation to Fireworks Display over Potomac River	\$20	\$20	\$20	\$20	\$20	
<input type="checkbox"/> Thursday	(*Limited to AMT members only – Fee if not registered for full package) Includes admission to Town Hall & Business Meeting, 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 Reception 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 General Scholarship Fund (optional) \$ _____

Account # _____ Exp. Date _____

TOTAL PAYMENT \$ _____

Account in name of _____

Billing address same as registration address above?

(Payment must accompany Registration Form.)

If not, provide billing address:

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

Cancellation must be received by June 15, 2018. Refunds minus a \$25 processing fee will be sent for all cancellations before June 15. No refunds issued after June 15.

Signature _____

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: 1801 1802 1803 1804 1805 1806 1807 1808 1809 1810 1811 1812 1813 1814 1815 1816 1817 1818 1819
 1820 1821 1822 1823 1824 1825 1826 1827 1828 1829 1830 1831 1832 1833 1834 WORKSHOPS: A B