

REGISTRATION FORM

Registration also available online at www.americanmedtech.org.

American Medical Technologists' 81st Educational Program & National Meeting • July 1–5, 2019 • Chicago, IL

Registrant Information

(Please print or type)

Name _____

Address _____

City, State, Zip _____

Country (if not U.S.A.) _____

Telephone: (_____) _____

E-mail _____

AMT ID# _____ Check if not a member of AMT

Check if this is your first AMT Convention

Check if you are a student School _____

Check if you would like to be a speaker/moderator

**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.*

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) <i>*If bringing spouse or guest to Welcome Party or Awards Banquet, see note below under Spouse/Guest Registration.</i>	\$295	\$480	\$495	\$525	\$165	
<input type="checkbox"/> Monday Includes admission to all lectures, Breakfast, Coffee Breaks, Welcome Reception	\$210	\$250	\$210	\$250	\$77	
<input type="checkbox"/> Tuesday Includes admission to all lectures, Breakfast, Coffee Breaks, Awards Banquet	\$275	\$310	\$275	\$310	\$137	
<input type="checkbox"/> Wednesday Includes admission to all lectures, Breakfast, Coffee Breaks	\$210	\$250	\$210	\$250	\$77	
<input type="checkbox"/> Thursday <i>(*Limited to AMT members only – Fee if not registered for full package)</i> Includes admission to Town Hall & Business Meeting, Breakfast, Coffee Breaks	\$25	*	\$25	*	*	
<input type="checkbox"/> Thursday Lunch of Champions	\$25	\$25	\$25	\$25	\$25	
<input type="checkbox"/> Friday State Society Leadership Training (no additional fee)	*	*	*	*	*	

Spouse/Guest Registration

Full package \$175

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

_____ Extra Award Banquet Ticket(s) for guests not registered for convention @ \$60.00 per person \$ _____
(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) \$ _____

MasterCard Visa DiscoverCard American Express

Donation to General Scholarship Fund (optional) \$ _____

Account # _____ Exp. Date _____

TOTAL PAYMENT \$ _____

Account in name of _____

(Payment must accompany Registration Form.)

Billing address same as registration address above?

If not, provide billing address including zip code:

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

Cancellation must be received by June 15, 2019. Refunds minus a \$25 processing fee will be sent for all cancellations before June 15. No refunds issued after June 15.

Signature _____