

# Registration Form

(Registration open to Deans & Interim Deans Only)

## Executive Development Seminar for Deans Phase I January 10 – 12, 2008 Association of American Medical Colleges Washington, DC



Tomorrow's Doctors, Tomorrow's Cures®

Please note, your contact information as you list it below will be printed and distributed to meeting attendees only.

**Registrant: (please type or print all information)** Confirmation will be sent within 10 business days.

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Name (as you wish it to appear on badge): \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Assistant's e-mail: \_\_\_\_\_

Do you require special accommodations, services or have any dietary restrictions? (i.e., vegetarian, shellfish allergies, kosher, etc.):  
\_\_\_\_\_

### Emergency contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

### Fees: Payment must accompany this form to process registration. Individuals must be registered to attend.

Online Registration: \$1750.00  
(To obtain this fee, you must [register online](#).)

Registration Fee  
Mail or Fax: \$1775.00 \$ \_\_\_\_\_

CME Fee: \$50.00 \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

*Please see program announcement for details about the registration fee and cancellation policy. Credit card transactions are subject to approval. Make checks payable to AAMC. Fed. Tax Id. No. 36-2169124*

*Payments from outside the United States must be made payable in U.S. funds through a U.S. bank.*

Check enclosed

*If you are submitting a purchase order, it must be sent with this form. After December 21, 2007 POs will no longer be accepted. To ensure proper placement of funds, please have checks sent to the attention of the Registrar listed below.*

MasterCard  Visa  American Express

Amount: \_\_\_\_\_

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Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name as it appears on card:  
\_\_\_\_\_

### Send to:

Shaina Posternock, Meeting Registrar  
Association of American Medical Colleges  
2450 N Street, N.W., Washington, D.C. 20037-1126  
T: 202-828-0518 F: 202-862-6160  
E: [sposternock@aamc.org](mailto:sposternock@aamc.org)

### For AAMC office use only:

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Ck2#	Ck2 Amt:	I/P
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