

# Registration Form

## Executive Development Seminar for Deans Phase II

June 26 – 27, 2009

Association of American Medical Colleges

Washington, DC



Tomorrow's Doctors, Tomorrow's Cures®

**Note:** your contact information as you list it below will be printed and distributed to meeting attendees only.

I am providing new contact information. Please update my AAMC record.

**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: \_\_\_\_\_

Spouse/Guest: (only if registering) \_\_\_\_\_

Do you or does anyone attending with 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:	\$1770.00	
(To obtain this fee, you must <a href="#">register online</a> )		
Registration		
Mail or Fax:	\$1800.00	\$ _____
CME Fee:	\$50.00	\$ _____
Total:		\$ _____

Check enclosed

*If you are submitting a purchase order, it must be sent with this form. Registrations received with a PO will be accepted as a placeholder only. Actual payment must be received by June 13, 2009. If payment is not received by this date, your registration will be cancelled. To ensure proper placement of funds, please have checks sent to the attention of the Registrar listed below.*

MasterCard    Visa    American Express

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

#: \_\_\_\_\_

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

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

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

*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.*

### Send to:

Debra K. Hollins, Lead Meeting Registrar  
Association of American Medical Colleges  
2450 N Street, N.W., Washington, D.C. 20037-1126  
T: 202-828-0671 F: 202-862-6160  
E: dhollins@aamc.org

### For AAMC office use only:

Ck1#	Ck1 Amt:	I/P
Ck2#	Ck2 Amt:	I/P
PO#		
AMT/RFND/DTE ISS		

# Registration Form Part II

## Executive Development Seminar for Deans Phase II

June 26 – 27, 2009

Association of American Medical Colleges

Washington, DC



Tomorrow's Doctors, Tomorrow's Cures®

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

**For our planning purposes, please indicate whether you plan to attend the following:**

Will you attend the Reception and Dinner on Friday, June 26, 6:00 – 7:30 pm?  Yes  No

**Please send to:**

Debra K. Hollins, Lead Meeting Registrar  
Association of American Medical Colleges  
2450 N Street, N.W., Washington, D.C. 20037-1126  
T: 202-828-0671 F: 202-862-6160  
E: dhollins@aamc.org

***Both pages must be sent together.***

***Consent to Use of Photographic Images:***

*Registration and attendance at, or participation in, AAMC meetings and other activities constitutes an agreement by the registrant to AAMC's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.*