

# Registration Form

## Minority Faculty Career Development Seminar

September 12 – 15, 2008

The Westin Alexandria – Alexandria, VA



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:	\$845.00		
(To obtain this fee, you must <a href="#">register online</a> .)			
Registration:	\$870.00		\$ _____
Spouse/Guest:	\$85.00	x _____	\$ _____
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 **August 29, 2008**. 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:

Carlos La Torre, Meeting Registrar  
Association of American Medical Colleges  
2450 N Street, N.W., Washington, D.C. 20037-1126  
T: 202-828-0502 F: 202-862-6160  
E: clatoree@aamc.org

### For AAMC office use only:

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