

# AMGA 2012 Annual Conference

*Learning from the Best!*

## REGISTRATION FORM

Please print or type all information. One individual per form please.  
This form may be photocopied for additional registrants.

## PRE-CONFERENCE ACTIVITIES

**Wednesday, March 7, 2012**

### **Leadership Councils**

I'm interested in attending \_\_\_\_\_  
(Name of Council)

Please contact me with registration information (additional registration and membership fees may apply)

**Thursday, March 8, 2012—IMMERSION SESSIONS**

### **Improving the Patient Experience (IQL Semi-Annual Meeting)**

AMGA Member or Corporate Partner  \$ 495

AMGA Non-Member or Exhibitor  \$ 990

### **From Volume to Value: Aligning Strategies**

AMGA Member or Corporate Partner  \$ 495

AMGA Non-Member or Exhibitor  \$ 990

### **Developing and Retaining Leaders**

AMGA Member or Corporate Partner  \$ 495

AMGA Non-Member or Exhibitor  \$ 990

### **Collaborative for Clinical Integration and Value**

AMGA Member or Corporate Partner  \$ 495

AMGA Non-Member or Exhibitor  \$ 990

## ADDITIONAL ACTIVITIES

**Thursday, March 8, 2012**

### **AMGA Golf Classic at Torrey Pines**

Member  \$ 200

Non-Member  \$ 250

Handicap \_\_\_\_\_ Requested Partner(s) \_\_\_\_\_

**Saturday, March 10, 2012**

AMGF 5K FUNDRAISER  \$ 40

## CLOSING DINNER EVENT

**Saturday, March 10, 2012**

Yes, I will attend the dinner event

Contact me so that I can reserve a table for 8 or more individuals.  
(AMGA will contact you)

SPOUSE/GUEST FEE  \$ 200

(Includes continental breakfasts in Hospitality Suite March 9-10, Exhibit Hall receptions and Saturday evening event. NOTE: Does not include lunches.)

Name of Spouse/Guest \_\_\_\_\_

Spouse's/Guest's First Name/Nickname (to appear on badge) \_\_\_\_\_

*Scan me!*

To register for the  
AMGA 2012 Annual Conference.



Registrant's Full Name and Title (Dr., Mr., Mrs., or Ms.) \_\_\_\_\_

Job Title/Role \_\_\_\_\_

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

First Name/Nickname (to appear on badge) \_\_\_\_\_

**Please send my confirmation by:**  E-mail  Mail  Both

**Please copy my assistant:**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

**EVENT DATE: Thursday, March 8 – Saturday, March 10, 2012**

	<b>EARLY BIRD By Jan. 27</b>	<b>Jan 28- Feb. 24</b>	<b>After Feb. 24</b>
AMGA Member or Corporate Partner	<input type="checkbox"/> \$ 925	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1125
AMGA Non-Member	<input type="checkbox"/> \$1850	<input type="checkbox"/> \$1950	<input type="checkbox"/> \$2050
AMGA Non-Corporate Partner/Exhibitor	<input type="checkbox"/> \$1350	<input type="checkbox"/> \$1450	<input type="checkbox"/> \$1550

**Please note:** The conference fee includes the welcome reception on **Thursday, March 8**, all activities on **March 9-10**, and the closing dinner entertainment. The fee does not include any pre-conference activities. Attendees must pay a separate fee for their choice of pre-conference activity.

## DISCOUNTS AND FEE REDUCTIONS

Attendees who register to attend an immersion session in addition to their conference registration are eligible to receive a discount of \$50 from the total fee. **This discount will not be available after February 24, 2012.**

Four (4) or more paid registrations from the same healthcare organization or corporate partner will receive a \$150 per registration discount. Attach all registrations from the same organization to receive the discount.

Cancellations must be submitted in writing by **Friday, February 3, 2012** in order to receive a refund, less a \$100 processing fee.

## PAYMENT INFORMATION

Check, in the amount of \$ \_\_\_\_\_ is enclosed.

Please charge \$ to my:  Visa  MasterCard  American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**QUESTIONS?** Contact Beth Sutter, Education & Meetings Assistant, (703) 838-0033, ext. 322 or bsutter@amga.org.