

AMGA 2013 annual CONFERENCE

THREE WAYS TO REGISTER

- 1. Fax** form with credit card payment to (703) 548-1890
- 2. Mail** registration form and check (payable to AMGA) or credit card payment to: Conference Registrar, AMGA, One Prince St., Alexandria, VA 22314-3318
- 3. Online**, by visiting www.amga.org, clicking on "Annual Conference"

REGISTRATION FORM

PRE-CONFERENCE ACTIVITIES

WEDNESDAY, MARCH 13, 2013 – LEADERSHIP COUNCILS

- Leadership Councils _____ (no fee)
(Name of Council)

Note: For council members only

THURSDAY, MARCH 14, 2013 – IMMERSION SESSIONS

Collaborative for Clinical Integration and Value

- AMGA Member or Corporate Partner \$ 495
AMGA Non-Member or Exhibitor \$ 995

Engaging Employees as We Transform to a Value-Based Health Care System

- AMGA Member or Corporate Partner \$ 495
AMGA Non-Member or Exhibitor \$ 995

Patient Engagement Strategies in the New World of ACOs (IQL Semi-Annual Meeting)

- AMGA Member or Corporate Partner \$ 495
AMGA Non-Member or Exhibitor \$ 995

*Walk in the Woods: Renegotiating Healthcare**

- AMGA Member or Corporate Partner \$ 595
AMGA Non-Member or Exhibitor \$ 1095

*Only registrants for this specific session will be admitted.

ADDITIONAL ACTIVITIES AND REGISTRATION

THURSDAY, MARCH 14, 2013

AMGA Golf Classic at Waldorf Astoria Golf Club

- Member \$ 145
Non-Member \$ 195
Handicap ____ Requested Partner(s) _____

SATURDAY, MARCH 16, 2013

AMGF 5K Fundraiser \$ 50

Closing Banquet with Larry Miller

(Included in registration fee)

- 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 \$ 175

(Includes continental breakfasts in Hospitality Suite March 15-16, 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)

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) _____

EVENT DATE: Thursday, March 14 – Saturday, March 16, 2013

	EARLY BIRD By Jan. 25	Jan 25- Feb. 22	After Feb. 23
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 14**, all activities on **March 15-16**, 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.

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

Cancellations must be submitted in writing by **Friday, February 1, 2013** 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.