

Registration Form

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

Registrant's Full Name and Degree (if applicable)

Job Title

Organization Name

Mailing Address

City/State/ZIP

Telephone

E-mail

First Name/Nickname (to appear on badge)

Assistant's E-mail

CONFERENCE EVENT DATE: Thursday, April 3 - Saturday, April 5, 2014

	By Feb 14	Feb. 15-Mar. 14	After Mar. 14
AMGA Member or Corporate Partner	<input type="checkbox"/> \$ 925	<input type="checkbox"/> \$1,025	<input type="checkbox"/> \$1,125
AMGA Non-Member	<input type="checkbox"/> \$1,850	<input type="checkbox"/> \$1,950	<input type="checkbox"/> \$2,050
AMGA Non-Corporate Partners/Exhibitors	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,450	<input type="checkbox"/> \$1,550

Please note: Your conference fee includes the welcome reception on **Thursday, April 3**, all activities on **April 4-5**, and the closing dinner event. The fee does not include any pre-conference activities. Attendees must pay a separate fee for each pre-conference activity.

PRE-CONFERENCE ACTIVITIES

Wednesday, April 2 – Thursday, April 3, 2014

Expanded Leadership Council Meetings

(Chief Information Officers, Human Resources Directors/Officers, Marketing/Public Relations Directors)

\$350

Thursday, April 3, 2014 – LEADERSHIP COUNCILS

I'm interested in attending _____

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

Thursday, April 3, 2014 – IMMERSION SESSIONS

Collaborative for Clinical Integration and Value

AMGA Member or Corporate Partner \$395
AMGA Non-Member or Exhibitor \$895

Compensation Boot Camp

AMGA Member or Corporate Partner \$395
AMGA Non-Member or Exhibitor \$895

Exploring High-Performing Health Systems (IQL Semi-Annual Meeting)

AMGA Member or Corporate Partner \$395
AMGA Non-Member or Exhibitor \$895

Physician Engagement: Leadership Lessons from the Navy

AMGA Member or Corporate Partner \$450
AMGA Non-Member or Exhibitor \$950

Discounts

- **Early Registration:** Register by **Friday, February 14, 2014** to take advantage of a \$100 early registration discount. Your registration fee includes all general sessions, breakout sessions and networking discussion groups, two lunches, three receptions, and the closing dinner event. For information on daily rates, contact Beth Sutter, Meetings & Education Assistant, (703) 838-0033, ext. 322 or bsutter@amga.org.
- **Group Discount:** AMGA members, corporate partners, and non-member healthcare provider organizations can qualify for an additional registration discount. Four or more paid registrations from the same organization will receive a \$150 discount per registration.

ADDITIONAL ACTIVITIES AND REGISTRATIONS

Thursday, April 3, 2014

AMGA Golf Classic at Cowboys Golf Club Member \$125 Non-Member \$175

Handicap

Requested Partner

Saturday, April 5, 2014 – Closing Dinner Event (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 April 4-5, Exhibit Hall receptions, and Saturday dinner event. NOTE: Does not include lunches)

Name of Spouse/Guest

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

DISCOUNTS AND FEE REDUCTIONS

Attendees who register to attend an immersion session or Expanded Leadership Council Meetings, 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 provider organization or corporate partner will receive a \$150 per registration discount. Attach all registrations from the same organization to receive the discount.

Total (with discounts) _____

Cancellations must be submitted in writing by **Friday, February 21, 2014** 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

THREE WAYS TO REGISTER

FAX form with credit card payment to (703) 548-1890

MAIL registration form and check (payable to AMGA) or credit card payment to:
Conference Registrar, AMGA, One Prince Street., Alexandria, VA 22314-3318

ONLINE by visiting www.amga.org, clicking on "Annual Conference"

QUESTIONS?

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