



One Prince Street
Alexandria, VA 22314-3318



AMGA 2013 IQL Annual Conference: Managing the Total Cost of Care
September 25-27, 2013 • The Phoenician, Scottsdale, Arizona

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 Designation (M.D., Ph.D., M.B.A., etc.)

Job Title

Organization Name

Mailing Address

City/State/ZIP

Telephone Fax

E-mail

Assistant's Name & E-Mail

First Name/Nickname (to appear on badge)

Conference: Wednesday, September 25-Friday, September 27

Before August 16, 2013

AMGA Member or Corporate Partner \$ 795

AMGA Non-Member \$1,590

August 17-September 6

AMGA Member or Corporate Partner \$ 895

AMGA Non-Member \$1,790

After September 6

AMGA Member or Corporate Partner \$ 995

AMGA Non-Member \$1,990

Spouse/Guest Fee \$ 175

Name of Spouse/Guest

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

Leadership Councils

Participation in the AMGA Leadership Council meetings is limited to the members of the Councils only. If you are unsure of your status, please contact Tristanne Staudt at tstaudt@amga.org or (703) 838-0033, ext. 355.

Wednesday, September 25, 2013

Leadership Council Meeting \$ 350

Leadership Council Meeting Attending:

CEO/President/Chair CAO/COO CMO/Medical Directors Quality

Spouse/Guest Leadership Council Event Fee \$ 100

Group Discount

Four (4) or more paid registrations from the same healthcare organization or corporate partner will receive a \$100 per registration discount. To receive your \$100 discount for this current registration, please attach all registrations. Complimentary registrations do not count toward group discounts. Each registrant also must be individually registered.

Total in the amount of \$ _____ (with group discount).

Payment Information

Registration forms not accompanied by check or credit card payment will not be processed.

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

Please charge \$ _____ to my Visa MasterCard American Express

Card number _____

Expiration date _____

Name (please print) _____

Signature _____

For more information, visit www.amga.org.



Questions?

Contact Beth Sutter at bsutter@amga.org or (703) 838-0033, ext. 322.