



One Prince Street  
Alexandria, VA 22314-3318

## IQL 2012 Annual Conference, October 3–5, 2012 Routes to Tomorrow’s Health Care: Successful Models of Accountable Care

**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 (MD, PhD, MBA, etc.) \_\_\_\_\_

Job Title \_\_\_\_\_

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

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

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

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Assistant’s Name and E-mail \_\_\_\_\_

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

### Conference: October 3–October 5, 2012

#### Before August 24, 2012

AMGA Member or Corporate Partner  \$ 795

AMGA Non-Member  \$1,590

#### August 25–September 14

AMGA Member or Corporate Partner  \$ 895

AMGA Non-Member  \$1,790

#### After September 14

AMGA Member or Corporate Partner  \$ 995

AMGA Non-Member  \$1,990

Spouse/Guest Fee\*  \$ 175

*\*This fee covers receptions and breakfast only. Lunches are not included.*

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

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

### Leadership Councils: October 3, 2012

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 Dustin Gunderson at dgunderson@amga.org or (703) 838-0033, ext. 343.

Leadership Council Meeting  \$ 350

Leadership Council Meeting Attending (check one):

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

Spouse/Guest Leadership Council Dinner 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.

### Payment Information

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

I would like my confirmation sent by  Mail  E-mail  Both  Copied to my assistant

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](http://www.amga.org)!

### Questions?

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