

## Academic Medical Centers Program Registration Form

**To register:** Remit payment and completed registration form by mail to the American Health Lawyers Association • P.O. Box 79340 • Baltimore, MD 21279-0340 or fax with credit card information to (202) 775-2482. To register by phone call (202) 833-1100, prompt #2. If any program is over-subscribed, only AHLA members will be placed on a waiting list. On-site registrations will be accepted on a space-available basis only.

Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

First Name for Badge (if different than above): \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+ 4: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

### Early Registration Fees (faxed/postmarked and paid on or before December 30, 2009):

Members:  \$695 Non-Members:  \$920

\$620 each additional member registering from same organization at same time on the same check or credit card payment

### Registration Fees (faxed/postmarked and paid between December 31 and January 17, 2010):

Members:  \$820 Non-Members:  \$1,045

\$750 each additional member registering from same organization at same time on the same check or credit card payment

**I will require:**  audio  visual  mobility  
 other assistance \_\_\_\_\_  I have special dietary needs

### Printed Course Materials

All attendees will receive an electronic version of the full set of course materials for the program. If you would like to purchase a binder, please indicate that below:

I am registering for the AMC Program and would like to purchase the binder for \$45

### PAYMENT INFORMATION Please fill in applicable amount: (Sorry! Registrations cannot be processed unless accompanied by payment.)

\$ \_\_\_\_\_ Registration Fee

\$ \_\_\_\_\_ Teaching Hospitals and Academic Medical Centers (\$35 for members of the TH/AMC PG; \$45 for PG non-members; Thursday, January 21, 2010)

\$ \_\_\_\_\_ Printed Course Materials (\$45)

\$ \_\_\_\_\_ Spouse/Guest Fee (\$30)

\$ \_\_\_\_\_ Membership Dues (Date admitted to the bar/graduated: //)

\$ \_\_\_\_\_ Total Enclosed

Check enclosed (Make checks payable to American Health Lawyers Association)

Bill my credit card:      

Number: \_\_\_\_\_ Exp. Date: /

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

ZIP Code of Cardholder's Billing Address \_\_\_\_\_

Please Note: Should your credit card total be miscalculated, AHLA will charge your credit card for the correct amount. To receive a refund of the registration fee paid minus \$125, cancellation notice must be received in writing by January 14, 2010. Please see page 14 of this brochure for AHLA's full refund policy.