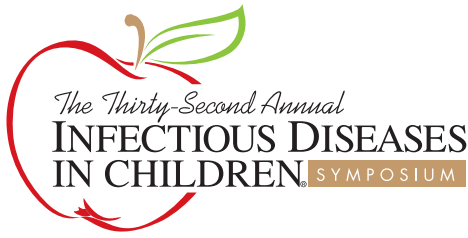


# GROUP REGISTRATION FORM



**November 23-24, 2019**  
 Sheraton New York Times Square Hotel  
**IDCNewYork.com**

**Register by phone:**  
 1-877-307-5225, ext. 219 or ext. 476  
 or 856-848-1712, ext. 219 or ext. 476  
*Office Hours: 9:00 am – 5:00 pm, ET | Monday – Friday*  
**Email questions to:** registration@contactAMS.com  
**Fax this form to:** 856-251-0278

*\*Required fields. You may need to complete the other fields if there is a change from this year's information on file.*

## Physician Contact Information

<b>*First Name</b>	<b>*Last Name</b>	<b>*Suffix</b>	<b>*Degree</b>
Address			
City	<b>*State</b>	Postal Code	Country
<b>*Email (for confirmation, hotel and CME evaluation purposes)</b>			<b>*Year of Medical School Graduation</b>

## You must provide a name for each Physician Assistant/Nurse/Resident attendee:

Name	Email	Profession (circle one)
_____	_____	Phys. Assist./Nurse/Resident
_____	_____	Phys. Assist./Nurse/Resident
_____	_____	Phys. Assist./Nurse/Resident
_____	_____	Phys. Assist./Nurse/Resident
_____	_____	Phys. Assist./Nurse/Resident
_____	_____	Phys. Assist./Nurse/Resident
_____	_____	Phys. Assist./Nurse/Resident

REGISTRATION	PAYMENT
<p><b>Groups of 3+ save \$300 per Physician Assistant, Nurse or Resident!</b>  <i>One physician must register with the group.</i></p> <p>_____ <b>Total Number of Physicians</b></p> <p><input type="checkbox"/> US \$560 (deadline 7/31/19)</p> <p><input type="checkbox"/> US \$660 (deadline 9/30/19)</p> <p><input type="checkbox"/> US \$760 (deadline 11/18/19)</p> <p>_____ <b>Total Number of Physician Assistants, Nurses or Residents</b></p> <p><input type="checkbox"/> US \$300</p> <p><b>TOTAL \$</b> _____</p>	<p><b>Please send this form and call us with payment information and lunch preference:</b></p> <p><b>AMS Meeting Registration</b>  <b>1-877-307-5225 x219/x476 (Monday-Friday, 9-5 ET)</b></p> <p>Fax this form to:              856-251-0278</p> <p>Email this form to:              registration@contactAMS.com</p> <p><b>Save an additional \$10 - Priority code discount:</b> _____</p>

**Meeting Cancellation:** Requests for refunds must be submitted in writing to registration@contactAMS.com prior to November 9, 2019 and a \$200 fee will apply per Physician and \$100 per Nurse or Resident. After this date, no refund will be possible.  
**Hotel Reservations:** The meeting cannot guarantee room availability or room type. Please make sure each attendees' email is filled out and legible on this form.  
**ADA Compliance:** We will make all reasonable efforts to accommodate persons with disabilities if your request is made at least 30 days in advance by calling 856-848-1712 ext. 219 or ext. 476.