

Registration Form

FOCI Academe Meeting

June 28 – 30, 2009

The Fairmont Copley Plaza
Boston, MA



Tomorrow's Doctors, Tomorrow's Cures®

Note: your contact information as you list it below will be printed and distributed to meeting attendees only.

I am providing new contact information. Please update my AAMC record.

Registrant: (please type or print all information) (Confirmation will be sent within 10 business days.)

Name: _____ Degree(s): _____

Name (as you wish it to appear on badge): _____

Title: _____

Institution: _____

Address: _____

City, State, Zip code: _____

Telephone: _____ Fax: _____

E-mail address: _____ Assistant's e-mail: _____

Spouse/Guest: (only if registering) _____

Do you or does anyone attending with you require special accommodations, services or have any dietary restrictions? (i.e., vegetarian, shellfish allergies, kosher, etc.): _____

Emergency contact information:

Name: _____ Relationship: _____

Phone: _____ Alternate phone: _____

Fees: Payment must accompany this form to process registration. Individuals must be registered to attend.

Online Registration: \$575.00
(To obtain this fee, you must [register online](#).)
Registration: \$600.00 \$ _____
Spouse/Guest: \$150.00 x _____ \$ _____
Total: \$ _____

Check enclosed
If you are submitting a purchase order, it must be sent with this form. Registrations received with a PO will be accepted as a placeholder only. Actual payment must be received by June 12, 2009. If payment is not received by this date, your registration will be cancelled. To ensure proper placement of funds, please have checks sent to the attention of the Registrar listed below.

MasterCard Visa American Express
Amount: _____
#: _____
Expiration date: _____
Signature: _____
Name as it appears on card: _____

**Please see program announcement for details about the registration fee and cancellation policy. Credit card transactions are subject to approval. Make checks payable to AAMC.
Fed. Tax Id. No. 36-2169124**

Payments from outside the United States must be made payable in U.S. funds through a U.S. bank.

Send to:

Audrey Saunders, Meeting Registrar
Association of American Medical Colleges
2450 N Street, N.W., Washington, D.C. 20037-1126
T: 202-828-0417 F: 202-862-6160
E:asaunders@aamc.org

For AAMC office use only:

Ck1#	Ck1 Amt:	I/P
Ck2#	Ck2 Amt:	I/P
PO#		
AMT/RFND/DTE ISS		