

# Registration Form

**GREAT Group Annual Meeting (Oct. 23-25)**  
**GREAT Group Postdoctorate Leaders Annual Section Meeting (Oct. 22-24)**  
**October 22-25, 2009**  
**Chase Park Plaza, Saint Louis, MO**



**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** (Credit Cards only)

(Register online and save \$50.00 at [www.aamc.org/meetings](http://www.aamc.org/meetings))

GREAT ONLY \$575.00 GREAT & Postdoctorate \$940.00

Postdoctorate ONLY \$575.00

**Registration by Mail or Fax**

GREAT ONLY: \$625.00 \$ \_\_\_\_\_

Postdoctorate ONLY: \$625.00 \$ \_\_\_\_\_

GREAT & Postdoctorate: \$990.00 \$ \_\_\_\_\_

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 October 8, 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: \_\_\_\_\_

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

*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*

**For AAMC office use only:**

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

**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](mailto:asaunders@aamc.org)

# Registration Form Part II

**GREAT Group Annual Meeting** (Oct. 23-25)

**GREAT Group Postdoctorate Leaders** (October 22-24)

**Annual Section Meeting October 22-25, 2009**

**Chase Park Plaza, Saint Louis, MO**



Name: \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX BELOW. SELECT ONLY ONE.**

Is this your first time attending the GREAT Group Fall Meetings?  Yes  No

I am a (choose one)

- Graduate Dean
- Graduate Administrator
- Postdoc Dean
- Postdoc Administrator
- Graduate and Postdoc Dean
- Other (i.e. AAMC staff, invited guest, etc.)