



AMMPA 2018 Annual Conference  
October 12-14, 2018

Hilton Orlando Lake Buena Vista, Orlando, FL

Please make checks payable to: AMMPA  
Print this form and present to the AMMPA Registration Desk

**ONSITE MEETING REGISTRATION**

- AMMPA Active Member \$395**
- Non-Member Physician \$690**
- PA, RN, Resident \$435**
- Veteran/Student \$0** Valid Student ID or Veteran ID must be presented at registration

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

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

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Designation (MD, DO, PA, etc.): \_\_\_\_\_ Medical License Number: \_\_\_\_\_

I give permission for AMMPA to share my email with exhibitors? Yes  No

**Credit Card Payment Information**

I hereby authorize the following amount to be charged to my credit card. Amount Authorized: \_\_\$\_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_