

Registration Form

May 28-30, 2009 • Walt Disney World Swan • Orlando, FL



Please print. Do not use red ink or pencil.

Mr. Ms. Mrs. Dr.

Last Name

City State Zip

First Name Middle Initial

Country

Suffix(es) Badge Name

Business Phone Fax

Title/Position

E-Mail Address

Institution/Organization

Mailing Address

Spring Congress Registration

Track Preferences

For planning purposes and room arrangement, we would appreciate you indicating below which track you will be attending. The information you are providing here is solely for determining the room size designation. Attendees are fully able to move to a different track than indicated here to better fulfill their needs while attending the conference.

- Clinical Research Informatics Global e-Health
 Informatics Practice-Based Research Public Health Informatics

Special Events

Four special events are included in the registration fees; they are Thursday's Luncheon, Thursday's Reception, Friday's Luncheon and Friday's Reception. These meals are included with your registration, but AMIA needs an accurate estimate for planning purposes.

- Do you plan to attend Thursday's Luncheon? Yes No
 Do you plan to attend Thursday's Reception? Yes No
 Do you plan to attend Friday's Luncheon? Yes No
 Do you plan to attend Friday's Reception? Yes No

Guest Tickets

All lunch and reception events are included with registration. Only mark here for additional guest tickets for special events.

- Thursday Luncheon ___ @\$55.00 Thursday Reception ___ @\$35.00
 Friday Luncheon ___ @\$55.00 Friday Reception ___ @\$35.00

Additional Information

Indicate any special accommodations or dietary restrictions below.

Registration Fees

| Early Bird (by 4/9) | Advance (by 5/14) | On-site (after 5/15) |
|--------------------------------|--------------------------------|--------------------------------|
| Member | Member | Member |
| <input type="checkbox"/> \$545 | <input type="checkbox"/> \$645 | <input type="checkbox"/> \$745 |
| Non-Member | Non-Member | Non-Member |
| <input type="checkbox"/> \$745 | <input type="checkbox"/> \$745 | <input type="checkbox"/> \$845 |
| Author* | Author* | Author* |
| <input type="checkbox"/> \$525 | <input type="checkbox"/> \$625 | <input type="checkbox"/> \$725 |
| Student* | Student* | Student* |
| <input type="checkbox"/> \$395 | <input type="checkbox"/> \$445 | <input type="checkbox"/> \$545 |

Tutorial Registration Fees

| | | |
|--------------------------------|--------------------------------|--------------------------------|
| Member | Member | Member/ |
| <input type="checkbox"/> \$185 | <input type="checkbox"/> \$185 | <input type="checkbox"/> \$185 |
| Non-Member | Non-Member | Non-Member |
| <input type="checkbox"/> \$215 | <input type="checkbox"/> \$215 | <input type="checkbox"/> \$215 |

T01 ___ Clinical Research Informatics: Theory, Methods, and Best Practices

T02 ___ Spring Recruitment Season: Join the "Sport" of Public Health Informatics

***See reverse for policies on author and student rates and payment details**

Fax your registration to 301-657-1296 or mail to AMIA
 4915 St. Elmo Avenue, Suite 401, Bethesda, MD 20814 • Register on-line at: www.amia.org
 For questions, call 301-657-1291



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Membership

Regular Membership

- New 2009 Renewal \$250.00

Student Membership*

- New 2009 Renewal \$35.00

Student Membership* (including JAMIA)

- New 2009 Renewal \$80.00

Working Groups

AMIA Members may sign up below for membership in any AMIA Working Group. Members are automatically subscribed to the e-mail lists.

- Clinical Information Systems Working Group
- Clinical Research Informatics Working Group
- Consumer Health Informatics Working Group
- Dental Informatics Working Group
- Education Working Group
- Ethical, Legal, & Social Issues Working Group
- Evaluation
- Formal (Bio)Medical Knowledge Representation
- Genomics Working Group
- Knowledge Discovery and Data Mining
- Knowledge in Motion Working Group
- Medical Imaging Systems
- Natural Language Processing
- Nursing Informatics Working Group
- Open Source Working Group
- People & Organizational Issues Working Group
- Pharmacoinformatics
- Primary Care Informatics Working Group
- Public Health Informatics Working Group
- Student Working Group

*Student Rate Policy

Student category is reserved for current full-time undergraduate, graduate students, and post-doctoral fellows. An official letter from the student's university or institution stating full-time status of student must accompany or follow the meeting registration form before these rates will be honored. If AMIA does not receive letter by the opening day of the meeting, the registrant will be charged full rates appropriate for the time that they registered for the meeting.

*Author Rate Policy

Author rates apply only to primary authors of accepted presentations or posters, all panel participants, and invited speakers.

Submitting Your Registration

AMIA will not process registrations received without payment. Early bird registration and payment must arrive together in the AMIA office by April 7 (either by mail, fax, or on-line). Registrations arriving between April 8 and May 12 must be accompanied by payment at the advance registration rate. Registrations may still be sent after May 12, but must be accompanied by payment at the on-site registration rate.

Cancellation Policy

Cancellation of a Meeting registration does not constitute cancellation of a hotel room. Please be sure to handle both separately. Written cancellation and refund requests received by April 10 will be refunded in full less \$50 processing fee; 50% refund will be given for cancellations received April 11 through May 15; no refunds will be given after May 15. However, registrations can be transferred to another member of your organization.

Transfer of Paid Registrations

Registrants who are unable to attend the meeting may transfer their registration to another person. Transfer of registration must be in writing and received by the AMIA office by May 15 or presented on-site. If a member registration is transferred to a non-member, that person will have to pay the difference between a member and a non-member rate.

Payment Information

Check (made payable to AMIA in U.S. dollars). Mail form & payment to AMIA, 4915 St. Elmo Avenue, Suite 401, Bethesda, MD 20814.

American Express Mastercard Visa Discover

Name on Card: _____

Credit Card Number: _____

Expiration Date: ___ / ___ (required for processing)

I authorize this charge on my credit card:

Signature of Cardholder _____ Date _____

| | |
|----------------------|-----------------|
| Registration Total | \$ _____ |
| Guest Ticket Total | \$ _____ |
| Tutorial Total | \$ _____ |
| AMIA Membership | \$ _____ |
| Total Payment | \$ _____ |