

REGISTRATION form AMTC18

Exhibitors: Please DO NOT use this form.

Air Medical Transport Conference
October 22–24, 2018 | Phoenix, AZ

I. Tell Us About Yourself

Full Name _____ License # (if applicable) _____

Program/Co. _____

Work Address _____

City/State/Zip _____

Work E-mail _____ Mobile Phone _____

Check here if you are a **FIRST TIME** Attendee.

SPECIAL NEEDS—Check here if you have any special needs and would like an AMTC staff member to contact you.

Consent to Use of Photographic Images. Registration and attendance at, or participation in, the Air Medical Transport Conference (AMTC) constitutes an agreement by the registrant to the AMTC's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities to illustrate and promote the AMTC experience.

2. Association Membership

**Qualifies for member rate. Please indicate membership affiliation for proper processing.*

AACN* AAMS* AMPA* ASTNA* ISAS*

IAFCPP* IAMTCS* NEMSPA* Not a Member

4. Conference Fees and Deadlines

All registrations are dated according to postmarks and fax dates.

	Early by 7/31	Regular by 8/1–10/2	Amount
<input type="radio"/> Member	\$585	\$685	\$ _____
<input type="radio"/> Non-Member	\$685	\$785	\$ _____

*On-site rate of \$785 member/\$885 non-member will apply beginning **October 3!** Pre-registration for One Day rates available online October 3.*

Optional AMTC Events and Items:

Please note that some have additional fees

AAMS Water Egress (Sunday) \$ 175

MedEvac Foundation Top Golf Event (Sunday) \$ 125

Optional Donation to MedEvac Foundation \$ _____

NEMSPA—EMS Pilot Pass (pilot only) \$ 215

Conference Recordings \$ 125

(will be sent post-conference)

TOTAL \$ _____

5. Payment Information

Check # _____ (payable to AAMS)

MasterCard Visa American Express Discover Exp. Date: _____

A 2.5% service fee will be applied to all credit card payments.

Cardholder Name (please print): _____

Billing Address: _____

Card Number: _____ 3- or 4-Digit Security Code: _____

Signature: _____

3. Please choose your appropriate designation

RN CFRN RCP RRT NP CNM

EMT-P FP-C MD Mgmt Pilot

Dir of Ops—Aviation DO—Clinical

CommSpec Mechanic CMTE Other _____

Please Note

- With the exception of most pre-conference events, partial registration for the AMTC is not available during the PRE-REGISTRATION period. If you wish to obtain partial registration for the AMTC, you may do so ON-SITE at the Registration Desk.** Pre-registration for One Day rates will be available online October 3.
- Full payment must accompany conference registration.
- All pre-registrations must be received by fax, email, online or U.S. Postal Service by **October 3, 2018**. After October 3 on-site rates apply.
- Registrations cannot be made over the telephone.
- Registration cancellations or changes should be faxed or mailed to AAMS, 909 N. Washington St, Suite 410, Alexandria, VA 22314, fax: (703) 836-8920.
- E-mail registration questions to info@aams.org or call (703) 836-8732.
- Please send registration form only ONCE. If you fax it, **do not mail**.
- Cancellations received by Sept. 27 will receive a full refund less a \$100 processing fee. After Sept. 27, registrations are non-refundable but may be transferred to another individual from your company. Valid for AMTC 2018 only.**

Return Form: Fax with credit card info to (703) 836-8920; **OR** mail with payment info/check to **AAMS, 909 N. Washington St, Suite 410, Alexandria, VA 22314.** **OR you may complete your registration online at www.aams.org/amtc-registration.**