



AMP Molecular Pathology Economics Summit

September 20, 2019 ● Washington, D.C.

REGISTRATION FORM

GENERAL INFORMATION

Salutation _____

First Name _____

Last Name _____

Suffix _____

Degree _____

Certification _____

Position _____

Department _____

Institution/Company _____

Address _____

Suite _____

City _____

State/Province _____

Postal Code _____

Country _____

Fax _____

Email _____

Cell Phone _____

Work Phone _____

Phone Ext. _____

Please indicate if you have any additional needs:

Physical Dietary Other

Meals are buffet-style with vegetarian options. AMP will contact you for details about your specific needs.

PAYMENT INFORMATION

Balance Due \$ _____ MasterCard Visa AMEX Discover Check Enclosed

Credit Card# _____ Exp. Date _____

Billing Zip Code _____ 3 or 4 Digit CVV# _____

Name on Card _____

Cardholder's Signature _____

REGISTRATION RATES

Molecular Pathology Economics Summit

Registration pricing is for a single individual. Please select your registration type based on your current organization. *All prices are in USD.*

Association & Patient Advocacy Group*

Until 8/22/19 \$375 After 8/22/19 \$400

Non-Profit Organization

Until 8/22/19 \$375 After 8/22/19 \$400

For-Profit Organization

Until 8/22/19 \$950 After 8/22/19 \$1,150

**The first attendee from any association or patient advocacy group will receive free registration. Additional registrants from any association or patient advocacy group must register at the Non-Profit registration rate. To access your free registration (or to confirm if you are the first registrant), please contact the AMP Public Policy and Advocacy Department at: policy@amp.org*



CANCELLATIONS

Cancellations must be received by written notification to amp@amp.org no later than September 1. A \$100 processing fee will be applied. Absolutely no refunds after September 1.