

# PRE-REGISTRATION FORM

# AMP2019

## NOVEMBER 7-9, 2019

Baltimore Convention Center | Baltimore, MD

## ANNUAL MEETING & EXPO

## ANNIVERSARY CELEBRATION



### 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.

### REGISTRATION RATES

	By 11:59 pm ET 9/5	9/6-10/1
<b>Annual Meeting</b>		
Regular Member	<input type="checkbox"/> \$495	<input type="checkbox"/> \$620
Technologist (Tech) Mbr	<input type="checkbox"/> \$375	<input type="checkbox"/> \$505
Trainee Member	<input type="checkbox"/> \$260	<input type="checkbox"/> \$320
Emeritus Member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295
Regular & Tech Non-Mbr	<input type="checkbox"/> \$710	<input type="checkbox"/> \$790
Trainee Non-Mbr*	<input type="checkbox"/> \$335	<input type="checkbox"/> \$370

\*Non-AMP member trainees MUST submit a letter from their Program Director and/or supervisor/lab director.

#### Welcome Event (11/7 at 5:45pm)

Meeting Registrant	<input type="checkbox"/> \$0
Guest of Registered Attendee	<input type="checkbox"/> \$49

#### Social Event (11/8 at 7:00pm)

Trainee Registrant	<input type="checkbox"/> \$30
Non-Trainee Registrant	<input type="checkbox"/> \$55
Guest of Registered Attendee	<input type="checkbox"/> \$55
Non-meeting Registrant	<input type="checkbox"/> \$120

### PLEASE NOTE

By registering for the AMP Annual Meeting & Expo, you are confirming you understand and agree to AMP's policies.

You can review the policies online at:

<https://amp19.amp.org/registration/registration-rates-policies-and-target-audience/>

### PAYMENT INFORMATION

Balance Due \$ \_\_\_\_\_  MasterCard  Visa  AMEX  Discover  Check Enclosed\*  Wire Transfer\*\*

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ 3 or 4 Digit CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

\* Please mail checks to AMP at 6120 Executive Boulevard, Suite 700, Rockville, MD 20852

\*\* Please email completed form to [meetings@amp.org](mailto:meetings@amp.org) after wire transfer is completed

# ATTENDEE SURVEY - PLEASE FILL AND RETURN

## POSITION

Select the position that most closely applies:

- Administrative Director
- Clinician (Non-Pathologist)
- Genetic Counselor
- Investor
- Laboratory Director  
(Includes Doctoral Scientists & Pathologists)
- Laboratory Manager  
(non-director, most work primarily NOT at bench)
- Laboratory Technician/Technologist
- Laboratory Supervisor  
(non-director, most work primarily at bench)
- Other Corporate Position
- Patient/Patient Advocate
- Payer
- President, CEO, Chair or Dean (of school, dept. org., or co.)
- Regular independent (or faculty) clinical staff (doctoral, post-training)
- Regulatory Staff
- Sales/Marketing Staff
- Trainee (Student/Resident/Fellow)
- Other

## DEGREES

Select the position that most closely applies:

- Bachelors
- DDS
- DO
- DVM
- Masters
- MBBS
- MBCHB
- MD
- MNAMS
- PhD
- Other/NA

## CERTIFICATIONS

- CCRP
- CLSp(MB)
- CT(ASCP)
- DABCC
- D(ABMM)
- DACVP
- FACMG
- FACP
- FRCPC
- HCLD
- HT(ASCP)
- MP(ASCP)
- MT(ASCP)
- PA(ASCP)
- SCT(ASCP)
- SI(ASCP)
- SV(ASCP)
- Other/NA

## WORKPLACE SETTING

- Academic Center
- Community Hospital
- Commercial/Reference Lab
- Government
- Industry (diagnostics products manufacturing)
- Industry (pharmaceutical products manufacturing)
- Industry (other)
- Nonprofit Organization
- Private Lab
- Other

## WORKPLACE ACTIVITY

Select the position that most closely applies:

- Clinical/Medical Services
- Research
- Both Clinical and Research
- Executive/Administrator
- Financial/Marketing/Sales
- Other

Are you a physician?  Yes  No

Is this your first AMP Annual Meeting?  Yes  No

Do you plan to purchase a product from an AMP Exhibitor;

- In the next year
- In the next two years
- In the next five years
- I do not plan to purchase a product from an AMP Exhibitor
- Other

What influence do you have in the decision to purchase equipment or products for your institution?

- I am a key decision maker
- I am an influencer in the decision
- I do not participate in these decisions

Year of Birth: \_\_\_\_\_

Sex:  M  F  Other

