

AMP²⁰²⁰

ANNUAL MEETING & EXPO

November 16-20, 2020

Virtual Education and Networking Experience

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 Other

AMP will contact you for details about your specific needs.

REGISTRATION RATES

	By 11:59 pm ET 10/30	10/31-11/16
Annual Meeting		
Regular Member	<input type="checkbox"/> \$95	<input type="checkbox"/> \$499
Technologist (Tech) Mbr	<input type="checkbox"/> \$50	<input type="checkbox"/> \$499
Trainee Member	<input type="checkbox"/> \$10	<input type="checkbox"/> \$499
Emeritus Member	<input type="checkbox"/> \$50	<input type="checkbox"/> \$499
Regular & Tech Non-Mbr	<input type="checkbox"/> \$499	<input type="checkbox"/> \$499
Trainee Non-Mbr*	<input type="checkbox"/> \$249	<input type="checkbox"/> \$499

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

Annual Meeting Add On \$99

(Allows access to Annual Meeting onDemand content through 2023)

GET AMPed! (11/15)

Regular Member	<input type="checkbox"/> \$50
Technologist (Tech) Mbr	<input type="checkbox"/> \$25
Associate Member	<input type="checkbox"/> \$25
Non-Member	<input type="checkbox"/> \$100

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://amp20.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 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 Non-Binary Other

