



## ON-SITE 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. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

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

#### Annual Meeting

Regular Member	\$675
Technologist (Tech) Member	\$560
Trainee Member	\$335
Emeritus Member	\$295
Regular & Tech Non-Member	\$850
Trainee Non-Member*	\$385

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

#### Onsite Day Passes

Day Pass	\$395
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#### Welcome Event (11/21 at 6:00pm)

Meeting Registrant	\$0
Guest of Registered Attendee	\$65

#### Add-ons

On Demand Content	\$99
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**LOST BADGE (attendee/exhibitor)**    \$20

### 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://amp24.amp.org/registration/registration-rates-policies-and-target-audience/>

Please verify that you agree to the AMP policies as printed at the registration desk.

### PAYMENT INFORMATION

Balance Due \$ \_\_\_\_\_ Day Pass Purchased (Thurs/Fri/Sat) \_\_\_\_\_

Payment Type (Cash or Check, if check add check #) \_\_\_\_\_

Full Billing Address \_\_\_\_\_

Name on Card \_\_\_\_\_ Attendee Signature \_\_\_\_\_

# 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 | MBCHB    |
| DDS       | MD       |
| DO        | MNAMS    |
| DVM       | PhD      |
| Masters   | Other/NA |
| MBBS      |          |

## CERTIFICATIONS

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

## WORKPLACE SETTING

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

How did you hear about AMP 2024?

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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

