



Pre-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.

PAYMENT INFORMATION

Balance Due _____ MasterCard Visa AMEX Discover Check Enclosed

Credit Card # _____ Expiration Date _____

Full Billing Address _____ 3 or 4 Digit CVV# _____

Name on Card _____ Cardholder's Signature _____

REGISTRATION RATES

Annual Meeting	By 11:59PM ET 9/20	9/21 - 10/20
Regular Member	\$495	\$620
Technologist (Tech) Member	\$375	\$505
Trainee Member	\$260	\$320
Emeritus Member	\$295	\$295
Regular & Tech Non-Member	\$750	\$790
Trainee Non-Member*	\$335	\$370

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

Amazing Molecular Party (11/22 at 7:00PM)

Trainee (Fellow, Resident, Student) Registrant	\$49
Non-Trainee Registrant	\$75
Guest of Registered Attendee	\$100
Non-meeting Registrant	\$125

Attendance Type

In Person

On Demand Only

Welcome Reception (11/21 at 6:00PM)

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

Add-ons

On Demand Content	\$99
Reference Materials Forum	\$0

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 available at the website above

*Please mail check 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 | 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?

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

