

# 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**

Paying By: Check ACH Wire

## **REGISTRATION RATES**

	By 11:59PM E1 9/10	9/11 - 10/1
Annual Meeting		
Regular Member	\$545	\$685
Technologist (Tech) Memb	per* \$415	\$555
Trainee** Member	\$285	\$350
<b>Emeritus Member</b>	\$325	\$325
Regular Nonmember	\$825	\$875
Tech Non-Member	\$515	\$675
Trainee Non-Member*	\$375	\$410

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

## Amazing Molecular Party (11/15 at 7:00PM)

Trainee (Fellow, Resident, Student) Registrant	\$55
Non-Trainee Registrant	\$85
Guest of Registered Attendee	\$100
Non-meeting Registrant	\$125

#### **Attendance Type**

In Person

On Demand Only

## Welcome Reception (11/14 at 6:00PM)

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

#### Add-ons

On Demand Content	\$99
Reference Materials Forum	\$15

## **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://amp25.amp.org/registration/registration-rates-policies-and-target-audience/

Please verify that you agree to the AMP policies available at the website above

<sup>\*\*</sup>A "Trainee" is a student, resident or fellow. AMP Membership is free for Trainees (join here.) A letter from the Program Director is required for Trainees who are not AMP Associate members and must be submitted at the time of registration.

<sup>\*</sup>Please mail check to AMP at 6120 Executive Boulevard, Suite 700, Rockville, MD, 20852

<sup>\*\*</sup>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

Commercial/Reference Lab manufacturing)
Government Industry (other)

Industry (diagnostics Nonprofit products manufacturing) Organization

Private Lab

#### WORKPLACE ACTIVITY

Other

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 2025?

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:

