2019 ANNUAL AMTA CONFERENCE REGISTRATION Innovate! Integrate! Motivate!

Step 1 - Your Information

Last Nam	ne		First Name			First name or nickname as you would like it to appear on your badge		
Address					City	State	Zip/Postal Code	Country
Home Ph	ione			Work	Phone		Email	
	Special N	eeds 🖵 Check	here if a c	disability requ	ires accommodation	for you to fully part	icipate.	
	o							
Step	2 - Mem	bership/Co	nteren	ce Kegis	tration	Step 4 - To	otal Additional Course	Fees
AMTA 2	019 Memi	bership — (NOTI	E: Only currer	nt 2019 AMTA mer	nbers are eligible		Total Additional Courses	: S
for discounts	s. If you are a me	ember next year in 2020,	you may enjo	by the conference	discount at the 2020	From Ster	3 section. Note: "Memb. Disc. \$" app	
		nember, you may purcha essional Membe						e registered for the conference
		ent Membership	•					
-	2010 0100				. 000	Step 5 - To	otal	
		i otar mo	111001 311	ih Á				•
Confe	rence R	egistration	Cost –	- (please cheo	k one)	Iotal Mei	mbership	\$
			Early			Total Reg	gistration litional Courses	
		Pos	stmarked	Postmarked	Postmarked		AMTA Donation (suggested \$50	
Conform	oo Dooistaatis	by n\$□	/ 8/6/19			Optional		
		n \$u nted \$u					GRAND TOTAL	\$
		stration Disc. \$ 🖵						
AMTA Stu	udent Membe	r Disc. \$ 🖵	\$245	🖵 \$245	🖵 \$280	Step 6 - Pa	ayment	
		?) 🗆				Dewiner by		
wust b	e postmarked	by date indicated -					(please check one)	
		i otai ke	gistratio	on \$			NasterCard 🗅 Discover 🗅 C	
						I agree to pay	the above amount:	
Step	3 - Addit	tional Cours	CS (checl	k schedule carefi	ully for conflicts)	Card number:		
	Coat	Mamh Diag ¢		Coat	Mamh Diag (
		<u>Memb. Disc. \$</u> \$650				Exp. date:		
		\$425				Signature (reg	uired):	
		\$20						
		\$350				After Nov. 1,	please register online or on-site if onli	ne registration has closed.
		\$20						
		\$160				SCP7-SI	gn and Mail or Fax with	Payment
		\$235				Waiver - (pl	ease read and sign)	
		\$160					knowledge that I am undertaking p	participation in these event
		\$160					and intentional act and I am fully	
		\$160					cur as a result of my participation i	
		\$100 \$100					sibility for my own well-being. I a	
		\$100					rticipate in my place. I have revie nd policy, and other policies availa	
		\$20				at www.musicth		and on the conterence pays
		\$20						
		\$20				Signature (requ	ired):	Date:
		\$100				Please make na	yment payable in US Funds drawn o	on a US Bank, Payment mus
	\$300 .	\$20	🗅 LL	\$260	\$60		and mailed with this registration form	
		\$100		\$300	\$100	AMTA, 8455	5 Colesville Rd., Ste. 1000, Silver	Spring, MD, USA 20910
🖸 T	\$300 .	\$100				1	Fax (301) 589-5175 — www.musi	ctherapy.org