

AMIA 2020 Virtual

November 14 – 18, 2020

REGISTRATION FORM

Prefix: _____ Name: _____ Degrees: _____
Title: _____
Organization: _____
Address: _____
City/State/Zip: _____ Country: _____
Phone: _____ E-mail: _____ Twitter: _____

VIRTUAL+ FULL REGISTRATION (includes Live Virtual Experience & Conference Recordings)

	Early (by 8/27)	Regular (after 8/27)
Member	\$985	\$1095
Author Member	\$935	\$1045
Non-member	\$1385	\$1485
Author Non-member	\$1335	\$1435
Student Member	\$495	\$545
Student Non-member	\$605	\$705

VIRTUAL+ DAILY REGISTRATION (includes Live Virtual Experience & Conference Recordings)

	Sat. 11/14	Sun. 11/15	Mon. 11/16	Tues. 11/17	Wed. 11/18
Member	\$500	\$500	\$500	\$500	\$500
Non-member	\$600	\$600	\$600	\$600	\$600

LIVE VIRTUAL FULL REGISTRATION (includes Live Virtual Experience Only)

	Early (by 8/27)	Regular (after 8/27)
Member	\$790	\$935
Author Member	\$750	\$890
Non-member	\$1110	\$1265
Author Non-member	\$1070	\$1220
Student Member	\$350	\$465
Student Non-member	\$485	\$600

LIVE VIRTUAL DAILY REGISTRATION (includes Live Virtual Experience Only)

	Sat. 11/14	Sun. 11/15	Mon. 11/16	Tues. 11/17	Wed. 11/18
Member	\$400	\$400	\$400	\$400	\$400
Non-member	\$480	\$480	\$480	\$480	\$480

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PRE-SYMPOSIUM WORKSHOPS

Pre-symposium workshops are included in the registration fee, but you still need to indicate which ones you are attending. Please select only one workshop per timeslot.

Sat. 11/14

W01 W02 W03 W04 W05 W06 W07 W08 W09 W10 W11 W12 W13
W14 W15 W16 W17 W18

Sun. 11/15

W19 W20 W21 W22 W23 W24 W25

AMIA MEMBERSHIP

Complete information about AMIA membership is available on the AMIA Web site at www.amia.org

Regular membership affords registrants the opportunity to receive full member benefits of AMIA including member rates for the AMIA 2020 Annual Symposium.

	Regular	Student	YIP**
Join or Renew your membership for 2020	\$380	\$50	\$210
Renew your membership for 2021	\$380	\$50	\$210

** Young Informatics Professional

PAYMENT INFORMATION

Total Registration Fees \$ _____
Total Membership Fees \$ _____
Total to be Charged \$ _____

Check (made payable to AMIA in U.S. dollars).

Mail form & payment to AMIA, 4720 Montgomery Lane, Suite 500, Bethesda, MD 20814.

American Express

MasterCard

Visa

Discover

Fax Credit Card information to 301.657.1296

Name on Card: _____
Credit Card Number: _____ Expiration Date: ____ / ____
Signature of Cardholder: _____ Date: _____