

AMIA 2018 Annual Symposium

November 3 – 7, 2018 • Hilton San Francisco Union Square, San Francisco, CA

REGISTRATION FORM

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

FULL REGISTRATION

	Early (by 8/16)	Advance (8/17 – 10/11)	Onsite (after 10/11)
Member	\$965	\$1065	\$1165
Author Member	\$915	\$1015	\$1115
Non-member	\$1240	\$1240	\$1340
Author Non-member	\$1190	\$1190	\$1290
Student Member	\$495	\$545	\$595
Student Non-member	\$595	\$595	\$695

REGISTRATION AND MEMBER ADVANTAGE BUNDLE

	Early (by 8/16)	Advance (8/17 – 10/11)	Onsite (after 10/11)
Member/Non-member	\$1535	\$1635	\$1735
Author Member/Non-member	\$1485	\$1585	\$1685

DAILY REGISTRATION (rates are per day, apply to both Member and Non-member)

Sat. 11/3	Sun. 11/4	Mon. 11/5	Tues. 11/6	Wed. 11/7
\$500	\$500	\$500	\$500	\$500

EXHIBITION HALL ONLY (rate is per day)

Sun. 11/4:	\$275	Mon. 11/5:	\$275	Tues. 11/8:	\$275
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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. Select only one workshop per timeslot, please.

Sat. 11/3, 8:30 a.m. – 12:00 p.m.:	W01	W02	W03	W04	W05	W06	W07		
Sat. 11/3, 8:30 a.m. – 4:30 p.m.:	W08	W09	W10	W11	W12	W13			
Sat. 11/3, 1:00 p.m. – 4:30 p.m.:	W14	W15	W16	W17	W18	W19			
Sun. 11/4, 8:30 a.m. – 12:00 p.m.:	W20	W21	W22	W23	W24	W25	W26	W27	W28

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ADDITIONAL EVENTS

Sunday AMIA Awards Gala	\$275		
Monday AMIA Networking Reception	\$50 (by 10/11)	\$60 (after 10/11)	

AMIA MEMBERSHIP

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

Regular membership and Member Advantage afford registrants the opportunity to receive full member benefits of AMIA including member rates for the AMIA 2018 Annual Symposium.

	Regular	Student	YIP**
Join or Renew your membership for 2018	\$380	\$50	\$210
Renew your membership for 2019	\$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: _____