

AMIA 2019 Annual Symposium

November 16 – 20, 2019 • Washington Hilton, Washington, DC

REGISTRATION FORM

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

FULL REGISTRATION

	Early (by 8/29)	Advance (8/30 – 10/24)	Onsite (after 10/24)
Member	\$985	\$1085	\$1185
Author Member	\$935	\$1035	\$1135
Non-member	\$1375	\$1375	\$1475
Author Non-member	\$1325	\$1325	\$1425
Student Member	\$495	\$545	\$595
Student Non-member	\$595	\$595	\$695

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

Sat. 11/16	Sun. 11/17	Mon. 11/18	Tues. 11/19	Wed. 11/20
\$500	\$500	\$500	\$500	\$500

EXHIBITION HALL ONLY (rate is per day)

Sun. 11/17	Mon. 11/18	Tues. 11/18
\$275	\$275	\$275

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. 11/16, 8:30 a.m. – 12:00 p.m.:	W01	W02	W03	W04	W05	W06	W07	W08	W09
Sat. 11/16, 8:30 a.m. – 4:30 p.m.:	W10	W11							
Sat. 11/16, 1:00 p.m. – 4:30 p.m.:	W12	W13	W14	W15	W16	W17	W18		
Sun. 11/17, 8:00 a.m. – 11:30 a.m.:	W19	W20	W21	W22	W23	W24	W25	W26	

ADDITIONAL EVENTS

Sunday AMIA Awards Gala \$275

Monday AMIA Networking Reception \$50 (by 10/24) \$60 (after 10/24)

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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 2019 Annual Symposium.

	Regular	Student	YIP**
Join or Renew your membership for 2019	\$380	\$50	\$210
Renew your membership for 2020	\$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

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Fax Credit Card information to 301.657.1296

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