



## REGISTRATION FORM

Electronic registration is also available at: [www.amia.org](http://www.amia.org)

Early Bird rates apply through August 25.  
Advanced rates apply August 26 through October 21.  
On-site rates apply October 22 and after.

- I need special assistance (AMIA staff will contact you)
- Do not include my name on mailing lists given to other organizations

### AMIA 2008 MENTOR PROGRAM

- I want a mentor for AMIA 2008
  - I will volunteer as a mentor for AMIA 2008
- My interests are:
- 

### AMIA MEMBERSHIP FEES

Sign-up now and receive member rates for the AMIA 2008 Annual Symposium!

Special 18-Month Rate \$375 \_\_\_\_\_  
June 2008 - December 2009

- Includes July, September, and November 2008 issues of JAMIA
- Member discount registration rates for AMIA 2008 Symposium and other full AMIA member benefits for 2008.

### Renew Your Membership for 2009!

Current Members can renew their AMIA memberships now!

Benefits for January - December 2009

Regular Membership Fee \$250 \_\_\_\_\_  
 Student Membership Fee \$ 35 \_\_\_\_\_  
 w/Student JAMIA \$ 80 \_\_\_\_\_

### BADGE INFORMATION

This is how your badge will read. If the information is the same as above, please skip this section.

Name/degree \_\_\_\_\_  
 Organization \_\_\_\_\_  
 City/State/Country \_\_\_\_\_

**\*\* AMIA 2008 Member Program**  
 Visit [www.amia.org/mbrcenter](http://www.amia.org/mbrcenter)  
 for more information

### REGISTRATION INFORMATION (please print)

Name:  Mr.  Mrs.  Ms.  Dr.

Last/First: \_\_\_\_\_ Degree: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Department: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

### PROFESSIONAL PROFILE (PLEASE CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> Business Administrator (BA) | <input type="checkbox"/> Nurse (RN)                |
| <input type="checkbox"/> Computer Scientist (CS)     | <input type="checkbox"/> Pharmacist (RX)           |
| <input type="checkbox"/> Dentist (DS)                | <input type="checkbox"/> Physical Therapist (PT)   |
| <input type="checkbox"/> Dietician (DT)              | <input type="checkbox"/> Physician (MD)            |
| <input type="checkbox"/> Educator (ED)               | <input type="checkbox"/> Programmer (PR)           |
| <input type="checkbox"/> Engineer (EN)               | <input type="checkbox"/> Scientist/Researcher (SR) |
| <input type="checkbox"/> Fellow (FW)                 | <input type="checkbox"/> Systems Analyst (AN)      |
| <input type="checkbox"/> Graduate Student (S)        | <input type="checkbox"/> Technologist (TX)         |
| <input type="checkbox"/> Health Information          | <input type="checkbox"/> Industry/Consultant (VC)  |
| <input type="checkbox"/> Mgmt. Professional (HI)     | <input type="checkbox"/> Veterinary Medicine (VT)  |
| <input type="checkbox"/> Hospital Administrator (AD) | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Medical Librarian (ML)      |  |

### DEMOGRAPHIC QUESTIONS

- Did you attend AMIA 2007?  Yes  No
- How many previous AMIA Annual Symposia have you attended (not including AMIA 2008)?  
 0  1  2  3  4  5+
- Primary Occupational Setting (choose one):  
 Academic Institution  Clinical Group Practice  Hospital  None of those listed  
 Ambulatory Care  Government/Military  Public Health  
 Consulting Firm  Health Care System  Vendor Organization
- Principal focus (check all that apply):  
 Teaching/Faculty  Programming/Systems Work  Marketing/Sales  Other (specify below)  
 Student/Research fellow  Research  Consulting  
 Administration/Management  Patient Care  Public Health
- Length of time in the informatics field (years):  
 <1  1-5  6-10  11-15  >15
- Purchasing authority:  Decision influencer  Decision maker  Not applicable

## AMIA 2008 REGISTRATION FEES

### Full Registration

	Early	Advanced	On-site	Fill In Amount
Member	\$575	\$675	\$775	\$ _____
Non-Member	\$825	\$825	\$925	\$ _____

### Author Registration

	Early	Advanced	On-site	
Member	\$525	\$625	\$725	\$ _____
Non-Member	\$775	\$775	\$875	\$ _____

### Student Registration

	Early	Advanced	On-site	
Member	\$295	\$345	\$395	\$ _____
Non-Member	\$445	\$445	\$495	\$ _____

### Daily Registration

	Early	Advanced	On-site	
<b>Sun., Nov. 9</b>				
Member	\$305	\$330	\$355	\$ _____
Non-Member	\$355	\$355	\$405	\$ _____
<b>Mon., Nov. 10</b>				
Member	\$305	\$330	\$355	\$ _____
Non-Member	\$355	\$355	\$405	\$ _____
<b>Tues., Nov. 11</b>				
Member	\$305	\$330	\$355	\$ _____
Non-Member	\$355	\$355	\$405	\$ _____
<b>Wed., Nov. 12</b>				
Member	\$305	\$330	\$355	\$ _____
Non-Member	\$355	\$355	\$405	\$ _____

### Exhibit Only Registration

Sun., Nov 9  Mon., Nov 10  Tues., Nov 11  
\$100 per day \$ \_\_\_\_\_

Please refer to the AMIA 2008 web site for detailed information on all registration, cancellation, and refund policies. Attendees registering at the author and student rates must follow the guidelines noted at the registration site: [www.amia.org/meetings/f08](http://www.amia.org/meetings/f08)

Saturday Nov. 8					Sunday Nov.9		
<b>HALF-DAY TUTORIALS</b>							
T1	T4	T11	T14	T17	T18	T22	T25
T2	T5	T12	T15		T19	T23	T26
T3	T6	T13	T16		T20	T24	T27
					T21		
<b>FULL-DAY TUTORIALS</b>							
T7 T8 T9 T10							

Please indicate your tutorial choices on the line below. You may only sign up for one tutorial per timeslot.

Tutorial Choices \_\_\_\_\_

### Tutorial Registration

	Early	Advanced	On-site	
<b>Members</b>				
Half-day (Each)	\$185	\$195	\$225	\$ _____
Full-day	\$315	\$325	\$350	\$ _____
<b>Non-Members</b>				
Half-day (Each)	\$215	\$215	\$250	\$ _____
Full-day/2-part	\$350	\$350	\$395	\$ _____
<b>Students</b>				
Half-day (Each)	\$170	\$180	\$195	\$ _____
Full-day	\$225	\$245	\$265	\$ _____

### Tutorial Registration

2008 Proceedings on CD-ROM (included with registration)  
Additional copies \_\_\_\_\_ x \$95 ea \$ \_\_\_\_\_

### Affiliate Events

CARING Luncheon \$65 \$ \_\_\_\_\_  
IDAMAP - 2008 \$50 \$ \_\_\_\_\_

## PAYMENT INFORMATION

**Total Registration Fees** \$ \_\_\_\_\_  
**Total Tutorial Fees** \$ \_\_\_\_\_  
**Total Membership Fees** \$ \_\_\_\_\_  
**Total Other Fees** \$ \_\_\_\_\_  
**Total to be Charged** \$ \_\_\_\_\_

- Please charge my credit card for the total amount  
 Enclosed is a check for the total amount  
 Visa  MasterCard  American Express  Discover

Credit Card/PO Number \_\_\_\_\_

Expiration Date (mm,yyyy) \_\_\_\_\_

Signature \_\_\_\_\_

Payment must be in US dollars and payable through a US bank. Please make all checks/money orders payable to AMIA, 4915 St. Elmo Avenue, Suite 401, Bethesda, MD 20814