

OFFLINE REGISTRATION FORM

National Initiative IX

Meeting Three

Name:

Title:

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

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_

**Registration Fees: National Initiative IX Meeting Three**

□ $50 Team Leader **(one per institution)**

□ $300 Additional Team Members

**Payment:** □ American Express □ Visa □ MasterCard

Account #:

Amount: Exp. Date: CCID Code:

Billing Zip Code:

Send completed form to AIAMC Administrative Coordinator Mindi Apicella via email [mindi@aiamc.org](mailto:mindi@aiamc.org).

**If you prefer to call in your credit card information, Mindi’s direct line is 407.709.5520.**

A receipt will be emailed to the address you provided above.