

22ND ANNUAL AAMA SYMPOSIUM REGISTRATION FORM

April 22-25, 2010 • Orlando World Center Marriott Resort • Orlando, Florida

Sponsored by the American Academy of Medical Acupuncture®

USE ONE REGISTRATION FORM PER ATTENDEE. Fill out form completely. Please print information clearly.

Full Name _____

Street Address / Suite / Apartment Number (if applicable) _____

City / State / Zip Code _____

Telephone _____

Fax _____

Email _____

SYMPOSIUM REGISTRATION

EARLY BIRD REGISTRATION CLOSING ON MARCH 1, 2010. Registrations received after that date are charged the higher registration fee levels.

| REGISTRATION CATEGORIES | EARLY BIRD REGISTRATION FEE BY MARCH 1, 2010 | REGULAR REGISTRATION FEE BY APRIL 9, 2010 | LATE REGISTRATION FEE AFTER APRIL 9, 2010 | TOTAL FEE |
|---|--|---|---|-----------|
| <input type="checkbox"/> AAMA Fellow, Full & Associate Members | \$550 ea. | \$600 ea. | \$650 ea. | \$ _____ |
| <input type="checkbox"/> AAMA Affiliate Member | \$645 ea. | \$695 ea. | \$745 ea. | \$ _____ |
| <input type="checkbox"/> Non-Member | \$760* ea. | \$760* ea. | \$810* ea. | \$ _____ |
| <input type="checkbox"/> Medical Student, Resident, Active Military | \$350 ea. | \$350 ea. | \$400 ea. | \$ _____ |

(*Includes 1 year Affiliate Membership for eligible physicians.)

SYMPOSIUM FEE ENCLOSED \$ _____

PRE-SYMPOSIUM WORKSHOPS

WORKSHOP FEE: \$280.00 EACH. INDICATE ONLY ONE CHOICE BELOW:

- I. Korean Hand Therapy / Lowell Kobrin, MD, PhD, FAAMA
- II. Functional Medicine and Acupuncture / Steve Amoils, MD, and Claudia Harsh, MD
- III. Medical Qigong / Suzanne Friedman, LAc, DMQ (China)
- IV. Classical Acupuncture / Edward Neal, MD

WORKSHOP FEE ENCLOSED \$ _____

OPTIONAL CRAIG PENS WORKSHOP

NOTE: Attendance limited. Space allotted on first-come, first-served basis. Workshop Fee: \$50 ea.

PENS WORKSHOP FEE ENCLOSED \$ _____

OPTIONAL SATURDAY NIGHT RECEPTION/DINNER

Number of Guests _____ at: \$75 ea. \$85 ea. \$95 ea.

DINNER FEE ENCLOSED \$ _____

TOTAL FEES ENCLOSED \$ _____

Make checks payable to the AAMA. Mail with completed form and payment in full to:
AAMA, 1970 East Grand Avenue, Suite 330, El Segundo, California 90245.

CHARGE MY: VISA MASTERCARD AMERICAN EXPRESS

Name (As it appears on card. Please print.) _____

Card Number _____ Exp. Date ____ / ____ Security Code _____

Billing Address _____ City _____ State _____ Zip _____

SIGNATURE (As it appears on card.) _____ Phone _____ Ext. _____

EARLY BIRD REGISTRATION CLOSING ON MARCH 1, 2010, AFTER WHICH HIGHER REGULAR AND LATE FEE RATES APPLY. SEE BROCHURE FOR DETAILS. Payment in full is required prior to admittance and must accompany this form to qualify for advance registration fees. The final program, name badges and tickets will be available at the registration desk.

REFUNDS AND CANCELLATIONS. Requests for refunds must be in writing and received at the Assembly's office by April 15, 2010. After April 15, 2010, no refund requests will be honored. There will be a \$50 handling fee assessed for all cancellations.

NEED INFORMATION?
CALL 310.364.0193 VOICE
OR... 310.364.0196 FAX
jdowden@prodigy.net EMAIL

FOR DETAILED, UP-TO-DATE EVENT INFO
AND TO REGISTER ONLINE, VISIT...
WWW.MEDICALACUPUNCTURE.ORG

PAYING BY CREDIT CARD? SAVE TIME & FAX YOUR REGISTRATION TO 310.364.0196