

New Medical Executives Institute



May 10-12, 2010

InterContinental Hotel
505 North Michigan Avenue
Chicago, IL 60611
(312) 944-4100

Registrant

AAMSE Member ID: _____

Name, Designation (JD, MD, CAE, MBA, etc.)

Name Preferred on Badge

Organization

Title

Address

City/State/Zip

Phone

Fax

Email

Special Needs/Accommodations: Please mark if you require special arrangements to fully participate, including any dietary restrictions. Describe your needs:

Questions: Please list 1 to 3 questions that you would like answered during the New Medical Executives Institute.

1. _____
2. _____
3. _____

New Medical Executives Institute Registration:

The registration fee includes all resource materials and tools, reception on Monday, breakfast and lunch on Tuesday, and breakfast on Wednesday.

AAMSE Member:	_____	\$225	\$
Non-Member:	_____	\$295	\$

Payment Information:

Check Payable to AAMSE \$

Visa MasterCard American Express

Card #:

Exp. Date:

Cardholder:

Signature:

Cancellation Policy: All refund requests must be made in writing. No refunds will be made after April 16. In those instances where AAMSE must provide an early hotel guarantee, refunds will not be given after the guarantee date unless another registrant can fill the vacancy.