

**ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS**

**REGISTRATION FORM**



**36th Annual Scientific Meeting  
September 30, 2022 — October 2, 2022  
Naples, Fl.**

**NAME:** Last First M.I.

**ADDRESS:** Preferred mailing address

City State Zip

**MEMBER**

Members should complete the fillable PDF, save it and email it to [pnixon@aampinc.org](mailto:pnixon@aampinc.org) or, print the completed registration and fax it to Pam Nixon at 410-706-2995

NON-MEMBER \$175.00 STUDENT / TRAINEE \$50.00

**AFFILIATION:**

If Student / Trainee, please provide the Program Director's Information below:

**NAME:**

**ADDRESS:**

City State Zip

**Program Director SIGNATURE:**

Mail Non-Member or Student / Trainee registration **and check** to:

**Association for Academic Minority Physicians  
P.O. Box 271  
Stevenson, Maryland 21153-0271**

*\*NOTE: Non-member pays \$175.00; Trainee pays \$50.00. Registration fee includes a reception, two continental breakfasts and a coffee break.*