

ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS

REGISTRATION FORM



**37th AAMP Annual Scientific Meeting
Alexandria, Va.
September 29, 2023 — October 1, 2023**

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 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.*