

**ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS**

**REGISTRATION FORM**



**ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS**  
**39th AAMP Annual Scientific Meeting**  
**The Hilton Alexandria Mark Center**  
**5000 Seminary Road**  
**Alexandria, Va. 22311**

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

**ADDRESS:** \_\_\_\_\_  
Preferred mailing address  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

**MEMBER**

Members should complete the fillable PDF, save it, and send it to Pam Nixon via E-mail: [PNixon@som.umaryland.edu](mailto:PNixon@som.umaryland.edu), and print the completed registration for your records.

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.**