

**Delegate  
Application Form**

Advanced Applications in Medical Practice, LLC  
Att. Sharon Phillips  
8121 Blue Ridge Lane,  
Parkland,  
Florida. 33067  
  
Direct: 954.540.1896  
Fax: 954.827.0723

AAMP 2019 Use Only
Received _____
Processed _____

Please complete details and fax to AAMP Conferences at **954.827.0723** or mail to address listed below with your payment

OPTION 1	OPTION 2
<b>3-DAY CONFERENCE AND ENTRANCE TO EXHIBITION</b> <small>(including CME processing)</small> <b>\$745* per delegate</b>	<b>"3 for 3-DAY" CORPORATE PACKAGE</b> <b>\$2,135* per organization</b> <small>(including CME processing)</small> <b>3 TICKETS FOR 3-DAY CONFERENCE</b>
<b>* EARLY DISCOUNTS UNTIL JULY 1<sup>st</sup>, 2019</b>	

Please make your choices from the items below (Check applicable box and quantity)

<input type="checkbox"/> OPTION 1 \$745 Qty. ____	<input type="checkbox"/> OPTION 2 \$2,135 Qty. ____
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A. Delegate Information	B. Billing Information
Organization Name _____	Contact Name _____
Delegate Name _____	Title _____
Address _____	Organization Name _____
City _____	Mailing Address _____
State _____ Zip _____	City _____
Phone _____ Fax _____	State _____ Zip _____
Email _____	Phone _____ Fax _____
Website _____	Contact E-mail* _____
	(*Required for receipt and conference updates)

C. Payment by Credit Card	D. Payment by Check
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Name on Credit Card _____ Credit Card Number _____ Address _____ City _____ State _____ Expiration Date ____/____/____ Charge Amount _____ Authorization Code _____ Zip Code _____ Signature _____	Mail check payable in U.S. Funds to <b>Advanced Application in Medical Practice</b> 8121 Blue Ridge Lane Parkland, Florida. 33067 <hr/> Total Paid: _____ Signature: _____ Date: ____/____/____ <hr/> <small>Please Note: AAMP Conferences are organized by Advanced Medical Therapies and FMI Marketing, Inc., to better educate healthcare professionals, in a pleasant and structured environment.</small>