

**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
<p>3-DAY CONFERENCE AND ENTRANCE TO EXHIBITION (including CME processing) \$795 per delegate</p>	<p>“3 for 3-DAY” CORPORATE PACKAGE \$2,285 per organization (including CME processing) 3 TICKETS FOR 3-DAY CONFERENCE</p>

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

<input type="checkbox"/> OPTION 1 \$795 Qty. ____	<input type="checkbox"/> OPTION 2 \$2,285 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 Advanced Application in Medical Practice 8121 Blue Ridge Lane Parkland, Florida. 33067 _____ Total Paid: _____ Signature: _____ Date: ____/____/____ _____ <p style="font-size: small; text-align: center;">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.</p>