

AGS 2018 Annual Conference

Feb. 17-18, 2018

Hyatt Centric French Quarter
New Orleans



www.alagastro.org



2018 ANNUAL CONFERENCE REGISTRATION FORM

Name _____ MD DO CRNP PA PharmD Medical Science Liaison*
Practice Name _____ Resident/Fellow Student Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Office Manager _____ Office Manager's E-mail _____

Dietary Needs _____ First time attendee? (check if yes)

FEES (After Feb. 9 add \$100)

- | | |
|---|--|
| <input type="checkbox"/> AGS Physician Member or Out of State Physician \$375 | <input type="checkbox"/> Physician Nonmember \$475 |
| <input type="checkbox"/> AGS Associate Member or Out of State Non Physician Clinician \$275 | <input type="checkbox"/> Associate Nonmember \$375 |
| <input type="checkbox"/> Retiree - \$150 | <input type="checkbox"/> Resident - Free |
| <input type="checkbox"/> Medical Science Liaison* \$475 | <input type="checkbox"/> Student - Free |
| <input type="checkbox"/> Practice Manager \$150 | |

**The medical science liaison's company must be a registered vendor at the conference. Contact Jennifer Hayes for details.*

_____ Total number of adults attending Saturday Mardi Gras lunch party

Guest Name(s): _____

ONLINE REGISTRATION

Go to www.tinyurl.com/AGS2018 to register online.

ACCOMMODATIONS

Reserve a room at the Hyatt Centric French Quarter online at www.tinyurl.com/2018AGSReservations or call 888-421-1442 and ask for the Alabama Gastroenterological Society room block. Rates begin at \$229 per night and are valid for three days before and three days after the conference based on availability. **Room block is almost full. Reserve your room today!**

If you have special needs or need assistance, please contact Charlotte Morris, at (334) 954-2500 or CMorris@alamedical.org.

PAYMENT

Credit Card: VISA MasterCard American Express Check made payable to AGS

Cardholder Name _____ E-mail address for receipt _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____

MAIL REGISTRATION FORM AND PAYMENT TO

AGS Annual Conference | Attn. Charlotte Morris | PO Box 1900 | Montgomery, AL 36102-1900 | Fax (334) 269-5200