



2019 ANNUAL CONFERENCE REGISTRATION FORM

Name _____

- MD DO CRNP PA Administrator Medical Science Liaison
 Resident/Fellow Student Other _____

Practice Name _____

Address _____ City/State/Zip _____

Phone _____ E-mail _____

Office Manager _____ Office Manager's E-mail _____

FEES (After May 15 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 Jill Smith for details.*

_____ Number of adults attending Saturday dinner (Attendee and one guest are free. Additional guests \$50 each)

_____ Number of children attending Saturday dinner

ACCOMMODATIONS

Reserve a room at the Ritz Carlton online at www.ritzcarlton.com/en/hotels/georgia/reynolds or call (800) 944-5884 and ask for the Alabama Gastroenterological Society room block. Rates begin at \$269 per night and are valid for three days before and three days after the conference based on availability.

If you have need assistance, contact Jill Smith, at (334) 702-3535 or alabamagastrosociety@gmail.com

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 | Jill Smith | PO Box 5527 | Dothan, AL 36302