



## 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 (\$50 charge if more than adult per registered conference attendee)

\_\_\_\_\_ Number of children attending Saturday dinner

### ONLINE REGISTRATION

Go to <http://www.alagastro.org/annual-conference/> to register online.

### ACCOMMODATIONS

Reserve a room at the Ritz Carlton online at [www.ritzcarlton.com/en/hotels/georgia/reynolds](http://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](mailto: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