



2016 Conference Registration Form

**ALL FIELDS ARE REQUIRED*

DATE:

NAME:

BUSINESS NAME:

**ADDRESS MUST MATCH THE CREDIT CARD BILLING STATEMENT ADDRESS*

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL ADDRESS:

WORK PHONE:

HOME PHONE:

FAX:

I HAVE A FOOD LIMITATION: YES NO

FOOD ALLERGY:

I CANNOT EAT (EX. MEAT):

I NEED SPECIAL ACCOMMODATIONS:

Please select the items you would like to register for below. If you are not a current AMBA member and would like to join, you may do so below. You may also attend the conference as a Non-Member. Please complete one form for each attendee. **No refunds after August 15, 2016. 100% Refund prior to June 15, 2016. 80% Refund prior to August 15, 2016.*

INDIVIDUAL MEMBERSHIP \$99 BUSINESS MEMBERSHIP \$199 (UP TO 3 MEMBERS)

LIST ALL NEW MEMBERS HERE:

MEMBER PRICING

- 1 Attendee \$599
- 2 Attendees \$1198
- 3 Attendees \$1797

NON-MEMBER PRICING

- 1 Attendee \$699
- 2 Attendees \$1398
- 3 Attendees \$2097

ATTENDING NAB MEETING—\$0 (must be NAB Member to Attend)

ATTENDEE NAME(S) & EMAIL ADDRESS:

ORDER TOTAL (SEE REFUND POLICY ABOVE): \$

PAYING BY:

CHECK OR MONEY ORDER



CARD NUMBER:

EXP. DATE:

CARD SECURITY CODE:

CARDHOLDER NAME:

SIGNATURE

MAKE CHECKS PAYABLE TO: AMBA • 2456 E Main • Davis, OK 73030

FAX CREDIT CARD REGISTRATIONS TO: (580) 369-2703

QUESTIONS: CALL OUR CONFERENCE COORDINATOR AT (580) 369-2700

EMAIL LARRY AT LARRY@AMBANET.NET

CONFERENCE HELD AT PLANET HOLLYWOOD LAS VEGAS RESORT & CASINO

The American Medical Billing Association will not accept liability for damages of any nature sustained by participants or their accompanying persons or loss of or damage to their personal property as a result of the conference or related events.