

Registration Form
AMDA – The Society for Post-Acute and Long-Term Care Medicine
PALTC22 Annual Conference
March 10 - 13, 2022

Name _____ MD DO NP PA Other (specify) _____

AMDA member # _____ Title (ie Medical Director, DON) _____ NPI # _____

Office Phone _____ Facility Name _____

Address _____

City, State, Zip _____

Email _____ Twitter handle @ _____

If you are a member of the American Board of Internal Medicine, AMDA will report your ABIM MOC credits from this conference for you. Please provide you ABIM # _____ Date of Birth _____ (for ABIM reporting purposes only)

_____ Check here if this is your first time attending AMDA-The Society's annual conference.

_____ Check here if your membership record should be updated with the contact information provided above.

| Please review the conference website for details of what is included in each package before determining which is right for you; Go Baltimore or Go Digital. | Indicate to the right, the conference experience you are registering for. | Go Baltimore Attending onsite in Baltimore. (COVID-19 vaccination / masks required) | Go Digital Participating in the conference from home | |
|---|---|---|---|--|
| Registration Fees | Early Bird Fee Received by 12/21/2021 | Regular Fee 12/22/2021 to 2/10/2022 | Late 2/11/22 to 3/4/22 | Conference After 3/4/2022 |
| AMDA Member - <i>Membership must be active through March 2022</i> | \$635 | \$755 | \$905 | \$1,105 |
| Non-Member | \$1,125 | \$1,255 | \$1,425 | \$1,625 |
| Student * | \$380* | \$480* | \$580* | \$780* |
| Conference Speakers/Poster Presenters | \$435 | \$500 | \$575 | X |
| Registration Add-Ons: (Only available a Go Baltimore registration) | | | | |
| Meet the Expert – Saturday Breakfast Session 6:00 AM – 7:45 AM | \$100 | \$100 | \$100 | \$125 |
| All Access Pass – Upgrade your registration to Include access to recorded sessions, CME/CMD/ABIM, through 5/2/2022 | \$150 | \$150 | \$150 | \$200 |
| Guest Pass - Spouses/significant others of registered attendees only. (Conditions apply - see conference website for details) | \$175 | \$175 | \$175 | \$225 |

* **Registrant must have an AMDA student membership to qualify.** Students who are not AMDA members can go to <https://paltc.org/student-application> to apply for this complimentary membership. Once application is received and approved you will receive an email confirmation that you are now eligible to register for this conference at the discounted student rate.

Not an AMDA member? Join first to access the discounted Member registration rate. Membership will remain active through December 31, 2022. For a full list of benefits, please visit <https://paltc.org/membership>.

| Membership Dues Levels | Appropriate for... | Annual Dues |
|---|--|-------------|
| Physician | Medical Directors, Attending Physicians, Specialists | \$410 |
| Nurse Practitioner / Physician Assistant | Physician Assistant (PA) or Nurse Practitioner (NP, ANP, APRN, CNS, etc.) | \$299 |
| Doctorally-Prepared Clinician | Clinician w/ Doctorate Degree (Non-Physician) (EdD, DDS, DNP, DPM, DPT, PharmD, PhD, PsyD) | \$299 |
| Practice Manager | Practice Managers (Non-Clinician) | \$182 |
| Allied Health Professionals | Administrator, DON, RN, CNA, etc. | \$182 |

- I acknowledge that by registering for PALTC22, my data will be stored and used by AMDA to complete essential meeting functions, including contacting me about the event. AMDA reserves the right to use professional photographs, videos, electronic reproductions, and audiotapes of the conference for marketing purposes.
- I acknowledge that I have read and agree to the following policies posted on <https://paltc.org/annual-conference> : Registration Cancellation policy and the **Health and Safety policy for those attending in Baltimore**. As well, I acknowledge that I have read and agree to adhere to the Society's Anti-Harassment Policy; <https://paltc.org/anti-harassment> .
- By checking this box, I consent to have AMDA share my contact information with PALTC22 exhibitors and supporters. AMDA relies on exhibitors and sponsors to help support the organization and the conference. We hope that you will opt-in to sharing your contact information with our supporters as they promote their presence at PALTC22.

Signature _____

Registration Payment:

Registration Fee \$ _____
 Membership Dues \$ _____
 Registration Add-On(s) \$ _____
 IDT Discount \$ _____
 Foundation Donation \$ _____
 Total Fees Enclosed \$ _____

Tax ID # 52-1950426
Payment must accompany form.
Pre-registration closes 3/4/2022, 5:00 PM ET

Check Enclosed (*made payable to AMDA*) Ck # _____ American Express Discover MasterCard Visa

Credit Card # _____ Exp Date _____ CVC Code _____

Name on Card (please print) _____

Billing Address for credit card _____

Signature _____

Your signature authorizes the Society to charge your credit card for the total amount above. If your registration fees are totaled incorrectly, the Society will make the necessary adjustments and charge your credit card accordingly. Confirmations will be sent via email once registration form is processed.

Both pages must be completed and returned to AMDA via email to registration@paltc.org .

If paying by check, form (both pages) and check must be received by cutoff date for that pricing tier.
Mail to: AMDA Registrar, 10500 Little Patuxent Parkway, Suite 210, Columbia, MD 21044.
Questions? 1-800-876-2632