

2010 Annual Clinical Genetics Meeting Registration Form

March 24-28, 2010 • Albuquerque Convention Center, Albuquerque, NM • USA



American College of Medical Genetics
Medical Genetics: Translating Genes Into Health®

3 EASY WAYS TO REGISTER: Payment MUST be included with registration form.

ONLINE: www.acmgmeeting.net
PAYMENT BY CREDIT CARD ONLY

FAX: (301) 718-9604
PAYMENT BY CREDIT CARD ONLY

MAIL: 2010 ACMG Annual Meeting
7220 Wisconsin Avenue, Suite 300
Bethesda, MD 20814
PAYMENT BY CREDIT CARD OR CHECK

ATTENDEE INFORMATION (Please PRINT legibly)

FIRST NAME: _____ MI: _____ LAST NAME: _____ DEGREES/CREDENTIALS: _____
 INSTITUTION: _____
 ADDRESS: _____
 CITY: _____ STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
 TELEPHONE: _____ FAX: _____
 EMAIL ADDRESS: _____

(EMAIL ADDRESS REQUIRED – CONFIRMATIONS AND IMPORTANT PROGRAM INFORMATION WILL BE SENT VIA EMAIL)

NOTE: ALL CORRESPONDENCE WITH REGISTERED ATTENDEES IS VIA EMAIL. To assure receipt of all important Annual Meeting related communications—please have your IT Department set your institutions' server (or set your email filter, spam blocker or server directly) to accept and not block emails from the following email addresses: acmgmeeting@acmg.net, acmg-reg@tmixpos.com, acmg@mirasmart.com and reservations@abqhousingservices.com.

Registration Codes will be provided to Invited Speakers, Press, Consumer Advocates being sponsored by the Genetic Alliance and qualifying representatives from Corporate Partner Companies to register online and receive the discounted and/or complimentary rate afforded that registration category.

Please check here if you have a disability that requires special accommodations. If checked, you will be contacted to determine your specific requirements.

PLEASE PROVIDE THE FOLLOWING ATTENDEE INFORMATION:

2010 – First ACMG Annual Meeting? [] Yes [] No

Degree/Credential (check highest degree or credential held):

- MD
- PhD
- MD/PhD
- DO
- CLS
- Masters Degree – Genetic Counseling
- Masters Degree – Nursing
- Masters of Public Health
- Masters Degree – Other
- RN/BSN
- Bachelors Degree
- MBA
- PharmD
- Other: _____ (Please specify)

Primary Interest/Specialty: (Check one)

- Biochemical genetics
- Clinical genetics
- Cytogenetics
- Genetic counseling
- Molecular genetics
- Public health genetics
- Biotechnology/Pharmaceutical
- Other: _____

Primary Role/Position Held: (Check only one)

- Clinical geneticist
- Genetic counselor
- Pediatric physician
- Obstetric physician
- Physician, other specialty
- Laboratory director/supervisor
- Laboratory technologist/technician
- Educator
- Researcher
- Nurse
- Registered Dietitian
- Physician Assistant
- Public health professional
- Corporate (Biotech/Pharmaceuticals) Executive
- Postdoctoral trainee/resident/fellow
- Student
- Other: _____

Principal Work Setting/ Institutional Affiliation: (Check only one)

- Academic medical center/university
- Managed care organization/HMO
- Medical practice-single specialty
- Medical practice-multiple specialty
- Commercial laboratory
- Pharmaceutical/biotechnology company
- Government agency (State/federal-non-military)
- Consulting (group or self-employed)
- Hospital
- U.S. Military
- Other, specify: _____

REGISTRATION FEES:

"Early-Bird" on or before 01/04/2010 01/05/2010 through 02/19/2010 02/20/2010 through on-site Amount

ACMG MEMBERS:

MD, PhD, Laboratory Director, Corporate Executive	\$365	\$465	\$565	\$ _____
Genetic Counselor or Nurse	\$285	\$335	\$435	\$ _____
Laboratory Technologist/Technician	\$285	\$335	\$435	\$ _____
Dietitian	\$285	\$335	\$435	\$ _____
Physician Assistant	\$285	\$335	\$435	\$ _____
*Fellow, Resident, Trainee, and Student	\$175	\$225	\$275	\$ _____
Emeritus and Honorary Member	\$ 50	\$ 50	\$ 75	\$ _____

NONMEMBERS:

MD, PhD, Laboratory Director, Corporate Executive	\$495	\$595	\$695	\$ _____
Genetic Counselor or Nurse	\$335	\$385	\$485	\$ _____
Laboratory Technologist/Technician	\$335	\$385	\$485	\$ _____
Dietitian	\$335	\$385	\$485	\$ _____
Physician Assistant	\$335	\$385	\$485	\$ _____
*Fellow, Resident, Trainee, and Student	\$175	\$225	\$275	\$ _____
**Guest Registration (age 12+ only)	\$ 75 each	\$100 each	\$125 # ___ x fee =	\$ _____

Guest name(s) for badge(s): Guest #1: _____ Guest #2: _____
 Single-Day Fee: (Available **only** on-site. If attending more than one day, you must register in full) \$150

The following sessions require separate registration and registration fee.

ACMG Educational Workshops/CME Short Courses: **Wed., March 24, 2010 • 12:30 – 5:30 p.m.**

- Array technology—GREAT! What do the Results Really Mean in the Clinic?
- Metabolism and Newborn Screening for the "Non-Metabolic" Geneticist

ACMG Member:	\$150	\$200	\$250	\$ _____
ACMG Nonmember:	\$195	\$245	\$295	\$ _____

TOTAL ENCLOSED: \$ _____

*Fellow, Resident, Trainee, and Student Registration: A letter from the Program Director or other official verifying registrant is enrolled in an undergraduate, graduate or postdoctoral training program is required and must be submitted at the time of registration via fax (703) 783-0501 or email to acmgmeeting@acmg.net.

**Guest Registration: Spouses and/or other social guests (age 12+ only) of full meeting registrants are welcome. Professional attendees may not register as guests. Guest registration does not allow access to sessions.

COMPLIMENTARY EVENTS: Pre-registration is required. Please check those you will attend.

- Genetic Counselors' Forum—Genetic Counseling In The Real World: What You Didn't Learn In School (Sat., March 27) (Open to Genetic Counselors only)

Industry Supported Symposia: Choose only one per time slot

- Wed., March 24 • 5:30 – 7:00 p.m.** What You See is What You Get: Overcoming Barriers in the Recognition, Diagnosis, and Management of MPS VI
- Thurs., March 25 • 8:00 – 9:30 a.m.** Cystic Fibrosis
 Evidence-Based Advances in the Treatment of Phenylketonuria: Designing the New Standards of Care

PAYMENT INFORMATION: Payment MUST accompany registration. For institutional purposes, the ACMG Federal ID # is 52-1774227.

Check in U.S. funds made payable to the American College of Medical Genetics (ACMG).

Credit Card: Visa MasterCard American Express

CARD NUMBER: _____
 EXP. DATE: _____ 3- OR 4-DIGIT SECURITY CODE: _____
 NAME OF CARD HOLDER: _____ SIGNATURE: _____
 BILLING ADDRESS: _____

CANCELLATION POLICY: Cancellations must be submitted in writing. All cancellations are subject to a \$75 nonrefundable processing fee and must be received by February 24, 2010 to be eligible for a refund. Allow four weeks to process refunds. Cancellation notices should be sent via fax: (703) 783-0501 or email: acmgmeeting@acmg.net. Cancellations received after February 24 will NOT be refunded. In cases of emergency, refunds will be considered on a case-by-case basis. These requests must be made in writing (no telephone calls), within 30 days after the meeting.

Registration transfers and/or name substitutions are not accepted.