

# AMFM Conference 2009 Registration Form

**1**

Enter Personal Information.

Field names in red are required for registration

First Name		Last Name		Middle
Title/Position			Organization	
Address			Address 2	
P.O. Box	City	State	Zip Code	
E-Mail Address				
Day Phone		Evening Phone		Fax
Will you be signing up with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No			Spouse's Name	

**2**

Select Registration Types

Post-Conference Registration – Select One	Conference - Select One
<input type="checkbox"/> Pre-Conference Registration 1000 series – Aug 3, 2009 - ‡\$145.00	<input type="checkbox"/> Conference for AMFM Members - \$295.00
<input type="checkbox"/> Post-Conference Registration 2000 series – Aug 8, 2008 - ‡\$145.00	<input type="checkbox"/> Conference non-AMFM Members - \$395.00
<p>*To qualify: you must be registered in a full-time degree program in an institution of higher learning. Valid student ID must be presented at the conference. Spring 2009 graduates qualify.</p> <p>** Pre-conference fee is not included in this discounted price.</p> <p>‡Plus any additional material fees</p>	<input type="checkbox"/> Spouse Registration for AMFM members - \$195.00
	<input type="checkbox"/> Spouse Registration for non- AMFM members - \$295.00
	<input type="checkbox"/> Conference for AMFM Presenters - \$50.00
	<input type="checkbox"/> Conference for AMFM Presenter's Spouse - \$50.00
	<input type="checkbox"/> Conference for *Students - ** - \$195.00
	<input type="checkbox"/> No Conference

**3**

Fill out the Questionnaire

How did you hear about us?
Where are you staying?

**4**

Credit Card Payment Information

Name on Card		Last Name		Middle
Card Type <input type="checkbox"/> Visa/MC <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Credit Card Number		Expiration Date	

Mail to: AMFM, 8283 N. Hayden Rd., Suite 258, Scottsdale, AZ 85258

Fax to: 480-718-3021 For information: 480-718-3020