

2006

ANNUAL CONFERENCE OF THE AMI

REGISTRATION AND MEMBERSHIP INFORMATION

Last Name	First Name	Middle Initial	Degree(s)
Title		Organization/Department	
Address			
City	State	ZIP Code	Country
Phone		Fax	
E-mail Address (required)			

2006 CONFERENCE REGISTRATION AND MEMBERSHIP FEES

	EARLY BIRD		REGULAR		
	Member by 2/3/06	Non-Member by 2/3/06	Member after 2/3/06	Non-Member after 2/3/06	
Registration Only					
Check the box by your position/affiliation:					
<input type="checkbox"/> Physician <input type="checkbox"/> Scientist <input type="checkbox"/> Professional <input type="checkbox"/> Admin	\$465	\$665	\$615	\$815	\$ _____
<input type="checkbox"/> Technologist (Practicing) <input type="checkbox"/> Emeritus	\$265	\$365	\$395	\$495	\$ _____
<input type="checkbox"/> Resident <input type="checkbox"/> Postdoc <input type="checkbox"/> Student (attach verification letter)	free	free	free	free	_____
<input type="checkbox"/> One-Day Pass _____ (indicate date)	\$195	\$195	\$195	\$195	\$ _____
<input type="checkbox"/> One-Day Pass – Exhibits Only _____ (indicate date)	\$ 60	\$ 60	\$ 60	\$ 60	\$ _____

	EARLY BIRD	REGULAR	
	by 2/3/06	after 2/3/06	
Registration & Membership Dues*			
Check the box by your position/affiliation:			
<input type="checkbox"/> Physician <input type="checkbox"/> Scientist <input type="checkbox"/> Professional <input type="checkbox"/> Admin	\$750	\$900	\$ _____
<input type="checkbox"/> Technologist (Practicing) <input type="checkbox"/> Emeritus	\$395	\$525	\$ _____
<input type="checkbox"/> Resident <input type="checkbox"/> Postdoc <input type="checkbox"/> Student (attach verification letter)	free	free	_____

If you are joining AMI with this registration form, please check the appropriate box:

I Am a Renewing Member I Am a New Member

Please select a council that best suits your discipline (check only one):

Institute for Clinical PET Institute for Molecular Imaging/Hi-Res Society of Non-Invasive Imaging in Drug Development

Extra Tickets for Spouses/Guests

Opening Reception – Adults _____ Tickets @ \$60.00 \$ _____

Opening Reception – Children 10 Years and Under _____ Tickets @ \$30.00 \$ _____

Guest names for badges: **Total:** \$ _____

*The fees for registration and dues include AMI membership through 12/31/06.

2006

AMI ANNUAL CONFERENCE

BADGE >

Please fill out the name badge exactly as you would like it to appear.

(e.g., Dr. John Doe of John Doe, M.D.)

Name _____

Affiliation _____

City _____

State _____

PAYMENT METHOD

Check (AMI Tax ID: 52-1706066) Please make check payable to the Academy of Molecular Imaging.

Credit Card: Visa MasterCard American Express

Credit Card Number: _____ Expires: ____ / ____

Card Holder Signature: _____

Please invoice me at the address on the registration form.

Payment must be received by 2/3/06 to receive early bird rate.

REGISTRATION INSTRUCTIONS

1. The registration fee covers: admission to all plenary and concurrent sessions and the exhibit hall, a conference abstract book, and receptions.
2. A confirmation of your registration will be e-mailed to you.
3. Membership will be verified for all individuals who indicate they are members. Please be sure that you are a current member so as not to delay the processing of your registration.
4. A check made payable to the Academy of Molecular Imaging or a credit card number must accompany this registration form. You can also choose to register online at our website: www.ami-imaging.org. Click on the banner to go to the conference site. Early bird registration deadline is February 3, 2006. Registration forms will not be processed if received without payment.
5. REFUNDS: Cancellations must be received at AMI in writing by February 24, 2006, one month before the conference. Please include a reason for the cancellation. Refunds, less a \$50 administrative fee, will be made if the cancellation is received by February 17; no refunds will be given after that date. Refunds will be processed within 60 days after the conference.

Mail or fax this form with your payment to:

AMI 2006 Conference
Box 951735
Los Angeles, CA 90095-1735

Telephone: 310-267-2614
Facsimile: 310-267-2617

For overnight delivery, please use the following address:

AMI 2006 Conference
700 Westwood Plaza
A236 CIMI
Los Angeles, CA 90095-1735