

REGISTRATION FORM
2010 SUMMER MARKETING EDUCATORS' CONFERENCE
August 13 – 16, 2010 | Boston Copley Marriott | Boston, MA

Print name as you wish it to appear on your badge

Date _____

Mrs. Ms. Mr. Dr.

AMA Membership ID #: _____

(Memberships are by individual, not organization. Please use your own I.D. #)

First Name/Nickname: _____

Complete Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Is this your first time attending our Summer Marketing Educators' Conference? Yes No

ADA

The AMA is committed to providing equal access to our meetings for all attendees. If you are an attendee with a disability and require program accommodations, please contact the AMA Meeting Services Department, and a member of our staff will ensure that appropriate access arrangements are made. If you have specific disability related needs for your hotel sleeping room, please be sure to communicate those directly to the hotel when you make your reservation. In an effort to provide the highest quality of service to all attendees, we require that details of all access requests be communicated to our office at least 14 days in advance.

FULL REGISTRATION

Registration includes one copy of the conference proceedings and all scheduled catered functions.

Registration Rates

Conference Registration

- ◆ AMA Doctoral Student Member \$210.00
- ◆ Doctoral Student Non-Member \$525.00

Pre-Conference Programs

Note: Program details on website. Pre-registration required. Attendees are not required to attend main conference.

- ◆ AMA DOC SIG Pre-Conference Symposium \$10.00
- ◆ Theory Pre-Conference Symposium \$20.00

***Early registration deadline July 13th add \$100 after this date**

PAYMENT

Full payment must accompany registration. Please send form only once in order to avoid being double charged.

- Check enclosed \$ _____ (made payable to 2010 AMA Summer Marketing Educators' Conference)
(Check stub should indicate name(s) of registrant(s) covered by check)

Please charge:

- Visa MasterCard American Express

Credit Card # _____ Exp. Date: _____

Cardholder Signature _____

TO REGISTER FOR THE CONFERENCE, PLEASE MAIL THIS COMPLETED FORM TO:

American Marketing Association

Payment Processing

American Marketing Association

311 S Wacker Drive, Suite 5800

Chicago, IL 60606

Or fax with credit card: 312.427.2134

or call: 1.800.AMA.1150 or 312.542.9000 and select #1 for Customer Service