15th ANNUAL AMSA Pre-Health Fair

at the 2013 AMSA Convention & Exposition
Room 150AB, Walter E. Washington Convention Center, Washington, DC
Saturday, March 16, 3:00 p.m. – 6:00 p.m.

TABLE RESERVATION FORM

The 15th Annual AMSA Pre-Health Fair will occur at the same time but in different areas of the same room as the 10th Annual AMSA Residency Fair & Specialty Showcase on Saturday, March 16 from 3:00 p.m. – 6:00 p.m. in Room 150AB at the Walter E. Washington Convention Center in Washington, DC. Each participating organization receives a 6-foot skirted table, 2 standard chairs, and 2 registration badges for Fair personnel.

RETURN COMPLETED FORM WITH PAYMENT BY FRIDAY, MARCH 1, 2013 TO:
AMSA, Attention: PRE-HEALTH FAIR, 45610 Woodland Road, Suite 300, Sterling, VA 20166

Orders paid by credit card: Fax to: 703-620-6445; E-mail to: sfridy@amsa.org

Terms and Conditions:

1. Space is reserved and assigned on a first come, first served basis.
2. Room 150AB will be available beginning at 2:00 p.m. on Saturday, March 16 for Fair check in and set up.
3. All registration badges for Fair personnel will include the organization name only. Individual representative names will not be printed on the badges.
4. Each registered Fair personnel:
   - Assumes all risks associated with his/her attendance and participation in all on- and off –site activities that occur during this time and agrees to indemnify and hold harmless AMSA and its governing bodies, officers and employees from all loss, damage or liability arising out of or related to your attendance and participation at this convention
   - Accepts that AMSA has official photographers/videographers for this convention. Photo/video taken may be used in future marketing and training activities for AMSA. By registering, you agree to allow AMSA to use the photographs/video - which may include you - in all media formats worldwide.
5. Electricity and an Internet connection are available from the Walter E. Washington Convention Center for an additional charge.

Organization _____

Mailing Address _____

Contact Name _____ Title_____

E-mail _____ Office Phone (_____) _____

RATE ➔ Check one. ❒ $350 (regular rate)
❒ $100 (AMSA Convention Exhibitors rate)

Method of Payment *(check one.)*

❒Check Enclosed *(U.S. currency only, payable to AMSA.)*

❒American Express ❒MasterCard ❒VISA / Expiration Date _____ Amount to Charge $ _____

Charge Card # _____ Security Code _____

Name of Cardholder _____

Signature of Cardholder _____ Date _____

Questions or need additional information? Contact Sandy Fridy at sfridy@amsa.org or 703-665-4811.

Keep a copy of this form for your records.

AMSA-WEB