Prefix: \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Twitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pronouns:** If you would like to have your pronouns listed on your badge, please add them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **FULL REGISTRATION**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Early(by 4/4)** | **Advance(4/5 – 4/25)** | **Onsite(after 4/25)** |
| Member | \_\_ $875 | \_\_ $990 | \_\_ $1095 |
| Non-Member | \_\_ $1335 | \_\_ $1335 | \_\_ $1435 |
| Student Member | \_\_ $460 | \_\_ $510 | \_\_ $560 |
| Student Non-Member | \_\_ $560 | \_\_ $560 | \_\_ $615 |
| Speaker Member | \_\_ $825 | \_\_ $940 | \_\_ $1045 |
| Speaker Non-member | \_\_ $1285 | \_\_ $1285 | \_\_ $1385 |

**DAILY REGISTRATION** (Rates are per day)

**Tue. 05/21 Wed. 05/22 Thurs. 05/23**

 Member \_\_ $545 \_\_ $545 \_\_ $545

 Non-member \_\_ $650 \_\_ $650 \_\_ $650

**CONTINUING EDUCATION CREDIT** *(Required Field)*

Please select the continuing education credit you will earn for this live activity.

\_\_ CME

\_\_ CNE

\_\_ No Credit – Certificate of Participation

*Continued next page*

**CELL PHONE CONTACT (Required field)**

By registering for the AMIA 2024 Clinical Informatics Conference, I authorize AMIA to contact me via text message/SMS for major meeting updates or in case of emergency. I may opt-out below:

 \_\_ I do not want AMIA to contact me via text message/SMS

**CONTACT FROM SPONSORS/EXHIBITORS** *(Required Field)*

For this event, how would you like to hear from our sponsors and/or exhibitors?

\_\_ Email

\_\_ Please remove me from sponsor and/or exhibitor contact lists for this event.

**EMERGENCY CONTACT INFORMATION** *(Required Field)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRST TIME ATTENDEE** *(Required field)*

First Time Attending an AMIA Informatics Summit?

\_\_ Yes

 \_\_ No

**Primary Professional Role** (Please select one) *(Required field)*

|  |  |  |
| --- | --- | --- |
| \_\_ Administrator | \_\_ Behavioral Scientist | \_\_ CCIO/CIO |
| \_\_ CMIO/CMO | \_\_ CNIO/CNO | \_\_ Computer Scientist |
| \_\_ Consultant | \_\_ CRIO | \_\_ Data Analyst |
| \_\_ Data Scientist | \_\_ Dentist | \_\_ Educator |
| \_\_ Engineer | \_\_ HR Specialist/Recruiter | \_\_ IT Professional |
| \_\_ Librarian | \_\_ Management | \_\_ Nurse |
| \_\_ Nurse Practitioner\_\_ Pharmacist | \_\_ Physician\_\_ Radiologist | \_\_ Project Manager \_\_ Registered Dietitian |
| \_\_ Researcher | \_\_ Sales/Marketing Professional | \_\_ Statistician |
| \_\_ Student/Trainer/Fellow | \_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |

**Primary Professional Setting** (please select one) *(Required field)*

|  |  |  |
| --- | --- | --- |
| \_\_ Academia | \_\_ Community-based Organization | \_\_ Consulting |
| \_\_ Government | \_\_ Health Informatics Technology | \_\_ Health Plan |
| \_\_ Health System | \_\_ Hospital | \_\_ Industry |
| \_\_ Military | \_\_ Non-Profit Organization | \_\_ Pharmaceutical |
| \_\_ Private Practice | \_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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**Primary Areas of Expertise** (Please select up to 3) *(Required field)*

|  |  |  |
| --- | --- | --- |
| \_\_ Analytics | \_\_ Big data | \_\_ Bioinformatics |
| \_\_ Biostatistics | \_\_ Biosurveillance | \_\_ Cancer Research |
| \_\_ Clinical Care | \_\_ Clinical Decision Support | \_\_ Clinical Research |
| \_\_ Clinical Study Design | \_\_ Clinical Trials  | \_\_ Clinical Workflow |
| \_\_ Computer Science | \_\_ Consumer Health  | \_\_ CPOE |
| \_\_ Data Analysis | \_\_ Data Mining | \_\_ Data Science |
| \_\_ Dentistry  | \_\_ Disease Management | \_\_ Disease Surveillance |
| \_\_ Education | \_\_ Electronic Health Records  | \_\_ Emergency Medicine |
| \_\_ Engineering | \_\_ Entrepreneurship | \_\_ Epidemiology |
| \_\_ Ethics | \_\_ Evaluation | \_\_ Genomics |
| \_\_ Global Health  | \_\_ Health Economics | \_\_ Health Equity  |
| \_\_ Health Information Exchange | \_\_ Health Information Management | \_\_ Health Information Technology  |
| \_\_ Health Services Research  | \_\_ Human Computer Interaction | \_\_ Human Factors |
| \_\_ Human Resources | \_\_ Imaging | \_\_ Implementation |
| \_\_ Information Retrieval  | \_\_ Intensive Care | \_\_ Internal Medicine |
| \_\_ Interoperability | \_\_ Knowledge Discovery  | \_\_ Knowledge Representation  |
| \_\_ Law | \_\_ Meaningful Use | \_\_ Medical Devices |
| \_\_ Medicine | \_\_ Mobile Health  | \_\_ Molecular Biology  |
| \_\_ Natural Language Processing | \_\_ Neuroscience | \_\_ Nursing |
| \_\_ Oncology | \_\_ Ontologies | \_\_ Open Source |
| \_\_ Outcomes Research | \_\_ Patient Centered Care | \_\_ Patient Safety  |
| \_\_ Pattern Recognition | \_\_ People and Organization Issues | \_\_ Pharmaceutical Industry |
| \_\_ Pharmacoinformatics | \_\_ Precision Medicine | \_\_ Preventitive Medicine |
| \_\_ Primary Care | \_\_ Privacy | \_\_ Public Policy  |
| \_\_ Public/Population Health  | \_\_ Qualitative Research | \_\_ Quality Improvement |
| \_\_ Registries | \_\_ Research | \_\_ Security |
| \_\_ Simulation and Modeling | \_\_ Social Science | \_\_ Software Engineering  |
| \_\_ Standards | \_\_ Statistics  | \_\_ Student |
| \_\_ System Architecture | \_\_ Telehealth | \_\_ Terminologies |
| \_\_ Translational Bioinformatics | \_\_ Visual Analytics | \_\_ Workforce Development |

**Primary Area of interest** (Please select up to 3) (*Required field)*

|  |  |  |
| --- | --- | --- |
| \_\_ Analytics | \_\_ Big data | \_\_ Bioinformatics |
| \_\_ Biostatistics | \_\_ Biosurveillance | \_\_ Cancer Research |
| \_\_ Clinical Care | \_\_ Clinical Decision Support | \_\_ Clinical Research |
| \_\_ Clinical Study Design | \_\_ Clinical Trials  | \_\_ Clinical Workflow |
| \_\_ Computer Science | \_\_ Consumer Health  | \_\_ CPOE |
| \_\_ Data Analysis | \_\_ Data Mining | \_\_ Data Science |
| \_\_ Dentistry  | \_\_ Disease Management | \_\_ Disease Surveillance |
| \_\_ Education | \_\_ Electronic Health Records  | \_\_ Emergency Medicine |
| \_\_ Engineering | \_\_ Entrepreneurship | \_\_ Epidemiology |
| \_\_ Ethics | \_\_ Evaluation | \_\_ Genomics |
| \_\_ Global Health  | \_\_ Health Economics | \_\_ Health Equity  |
| \_\_ Health Information Exchange | \_\_ Health Information Management | \_\_ Health Information Technology  |
| \_\_ Health Services Research  | \_\_ Human Computer Interaction | \_\_ Human Factors |
| \_\_ Human Resources | \_\_ Imaging | \_\_ Implementation |
| \_\_ Information Retrieval  | \_\_ Intensive Care | \_\_ Internal Medicine |
| \_\_ Interoperability | \_\_ Knowledge Discovery  | \_\_ Knowledge Representation  |
| \_\_ Law | \_\_ Meaningful Use | \_\_ Medical Devices |
| \_\_ Medicine | \_\_ Mobile Health  | \_\_ Molecular Biology  |
| \_\_ Natural Language Processing | \_\_ Neuroscience | \_\_ Nursing |
| \_\_ Oncology | \_\_ Ontologies | \_\_ Open Source |
| \_\_ Outcomes Research | \_\_ Patient Centered Care | \_\_ Patient Safety  |
| \_\_ Pattern Recognition | \_\_ People and Organization Issues | \_\_ Pharmaceutical Industry |
| \_\_ Pharmacoinformatics | \_\_ Precision Medicine | \_\_ Preventitive Medicine |
| \_\_ Primary Care | \_\_ Privacy | \_\_ Public Policy  |
| \_\_ Public/Population Health  | \_\_ Qualitative Research | \_\_ Quality Improvement |
| \_\_ Registries | \_\_ Research | \_\_ Security |
| \_\_ Simulation and Modeling | \_\_ Social Science | \_\_ Software Engineering  |
| \_\_ Standards | \_\_ Statistics  | \_\_ Student |
| \_\_ System Architecture | \_\_ Telehealth | \_\_ Terminologies |
| \_\_ Translational Bioinformatics | \_\_ Visual Analytics | \_\_ Workforce Development |

**GENDER** (Please select one) (*Required field)*

|  |  |
| --- | --- |
| \_\_ Female | \_\_ Male |
| \_\_ Non-binary | \_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_ Prefer not to answer. |  |

**ETHNICITY** (Please select one) (*Required field)*

\_\_ No, not of Hispanic, Latinx, or Spanish origin

\_\_ Yes, I am of Hispanic, Latinx or Spanish origin

\_\_ Prefer not to answer.

**RACE** (Please select one) (*Required field)*

|  |  |
| --- | --- |
| \_\_ American Indian or Alaska Native | \_\_ Asian |
| \_\_ Black or African American | \_\_ Native Hawaiian or Other Pacific Islander |
| \_\_ White | \_\_ Other |
| \_\_ Multiracial/Multiple Races | \_\_ Prefer not to answer |

**OTHER IDENTITIES**

|  |  |
| --- | --- |
| \_\_ Caregiver | \_\_ Disabled |
| \_\_ LGBTQIA+ community | \_\_ Veteran |
| \_\_ Prefer not to answer |  |

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**AMIA CONFERENCE POLICIES** *(Required Fields)*By registering for the AMIA Informatics Summit, I agree to abide by the AMIA Conference Policies including: Anti-Harassment Policy, Unacceptable Behavior, Public Health and Safety, Registration, Requirements for Attendance, Waiver of Liability, Children of Registrants at AMIA Conferences, Photography and Videography Policy, Consent to Use Photographic Images, Cancellation Policy, and Non-Transfer of Paid Registration Policy. To view all policies and requirements for attendance click [HERE](https://amia.org/about-amia/leadership-and-governance/bylaws-and-policies/amia-conference-policies).

\_\_ I agree.

**ASSUMPTION OF RISK AND LIABILITY WAIVER AND RELEASE**

By registering for this American Medical Informatics Association (“AMIA”) event, and in consideration of being permitted to attend and participate, on behalf of myself as well as my family, personal representatives, successors and assigns, I hereby knowingly and voluntarily assume all risk of injury, harm, and loss, and even death, that may result in connection with the event, including but not limited to exposure to disease or virus. I also release, waive, and forever discharge any and all liability, claims, and demands of whatever kind or nature related to the event and arising from my death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage to property, against AMIA and its directors, officers, employees, volunteers, and agents (the “released parties”), in law and in equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence or other fault (excluding intentional misconduct) on the part of the released parties. The foregoing waiver and release does not apply to the extent prohibited by law.

\_\_ I agree.

**WORKSHOPS**

Workshops are included in the registration fee, but you still need to indicate which ones you are attending. Select only one workshop per timeslot, please.

**Tues. 5/21, 8:00 a.m. – 10:00 a.m.**

 **Workshop Title Select One**

|  |  |
| --- | --- |
| W03: Creative Decision Support Stories: Pivoting Away from Pop Up Alerts |   |
| W06: Organizational Issues and Informatics: Translating Theory into Practice |   |

 **Tues. 5/23, 8:00 a.m. – 12:30 p.m.**

**Workshop Title Select One**

|  |  |
| --- | --- |
| W01: Collaborating with Community: What Informaticists Need to Know |   |
| W02:Clinicians on FHIR: How FHIR Enables Interoperability |   |
| W04: Visual Analytics 101: A Hands-On Introduction to Data Visualization |   |
| W05: Optimizing Teams to Maximize Informatics-focused Innovation, Equity, and Impact: Lessons from Health Systems, Industry, and the Public Sector |  |

**Tues. 5/21, 10:30 a.m. – 4:00 p.m.**

**Workshop Title Select One**

|  |  |
| --- | --- |
| W07:CMIO/CHIO Leadership Workshop |   |

**Tues. 5/21, 10:30 a.m. – 12:30 p.m.**

**Workshop Title Select One**

|  |  |
| --- | --- |
| W07 W08: Developing a Clinical Informatics Course for Medical Students |   |

**Tues. 5/21, 2:00 p.m. – 4:00 p.m.**

**Workshop Title Select One**

|  |  |
| --- | --- |
| W09: Clinical Informatics Fellowship Curriculum Design Workshop |   |
| W10: Workshop: Knowledge Management at Scale |   |
| W11: Applying the AMIA Inclusive Language Content and Style Guidelines to Clinical Informatics Practice |   |
| W12: Prompt Engineering 101: Evidence-Based Practices for your Health System |   |
| W13: From Monochrome to Color – How To Recognize and Solve Mentoring Relationship Challenges |   |

**AMIA MEMBERSHIP**

**Complete information about AMIA membership is available on the AMIA Web site at** [**www.amia.org**](http://www.amia.org)

Regular membership affords registrants the opportunity to receive full member benefits of AMIA including member rates for the AMIA 2024 Clinical Informatics Conference.

 **Regular Student YIP\*\* Retired**

Join or Renew your membership for 2024 \_\_ $400 \_\_ $50 \_\_ $220 \_\_ $185

 \*\* Young Informatics Professional

**PAYMENT INFORMATION**

Total Registration Fees: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Membership Fees: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total to be Charged** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Pay by Credit Card:**

To keep your credit card payment secure, we do not accept credit card payments via email or mail. Please register at <https://amia.org/education-events/amia-2024-clinical-informatics-conference/registration> or call us, 301.657.1291.

**To Pay by Check:**

Make check payable to American Medical Informatics Association.

Mail this form & check to:

American Medical Informatics Association Inc.

P. O. Box 412989

Boston, MA 02241-2989