

# AMIA 2024 Informatics Summit

March 18 – 21, 2024 • Hilton Boston Park Plaza, Boston, MA

## REGISTRATION FORM

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_ Degrees: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Twitter: \_\_\_\_\_

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

\_\_\_\_\_

### FULL REGISTRATION

	<b>Early</b> (by 2/15)	<b>Advance</b> (2/16-2/29)	<b>Onsite</b> (after 2/29)
Member	___ \$1040	___ \$1155	___ \$1255
Non-member	___ \$1420	___ \$1420	___ \$1520
Speaker Member	___ \$990	___ \$1105	___ \$1205
Speaker Non-member	___ \$1370	___ \$1370	___ \$1470
Student Member	___ \$515	___ \$570	___ \$620
Student Non-member	___ \$630	___ \$630	___ \$730

### PRE-RECORDED VIRTUAL CONFERENCE

Member	___ \$925
Non-member	___ \$1145
Student Member	___ \$455
Student Non-member	___ \$505

### DAILY REGISTRATION (Rates are per day)

	<b>Mon. 03/18</b>	<b>Tue. 03/19</b>	<b>Wed. 03/20</b>	<b>Wed. 03/21</b>
Member	___ \$545	___ \$545	___ \$545	___ \$545
Non-member	___ \$615	___ \$615	___ \$615	___ \$615

### CONTINUING EDUCATION CREDIT (Required Field)

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

- CME  
 No Credit – Certificate of Participation

### CELL PHONE CONTACT (Required field)

By registering for the AMIA 2024 Informatics Summit, 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

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## CONTACT FROM SPONSORS/EXHIBITORS (Required Field)

For this event, how would you like to hear from AMIA on behalf of 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

Physician

Project Manager

Pharmacist

Radiologist

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) \_\_\_\_\_

## 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

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- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Interoperability             | <input type="checkbox"/> Knowledge Discovery            | <input type="checkbox"/> Knowledge Representation |
| <input type="checkbox"/> Law                          | <input type="checkbox"/> Meaningful Use                 | <input type="checkbox"/> Medical Devices          |
| <input type="checkbox"/> Medicine                     | <input type="checkbox"/> Mobile Health                  | <input type="checkbox"/> Molecular Biology        |
| <input type="checkbox"/> Natural Language Processing  | <input type="checkbox"/> Neuroscience                   | <input type="checkbox"/> Nursing                  |
| <input type="checkbox"/> Oncology                     | <input type="checkbox"/> Ontologies                     | <input type="checkbox"/> Open Source              |
| <input type="checkbox"/> Outcomes Research            | <input type="checkbox"/> Patient Centered Care          | <input type="checkbox"/> Patient Safety           |
| <input type="checkbox"/> Pattern Recognition          | <input type="checkbox"/> People and Organization Issues | <input type="checkbox"/> Pharmaceutical Industry  |
| <input type="checkbox"/> Pharmacoinformatics          | <input type="checkbox"/> Precision Medicine             | <input type="checkbox"/> Preventive Medicine      |
| <input type="checkbox"/> Primary Care                 | <input type="checkbox"/> Privacy                        | <input type="checkbox"/> Public Policy            |
| <input type="checkbox"/> Public/Population Health     | <input type="checkbox"/> Qualitative Research           | <input type="checkbox"/> Quality Improvement      |
| <input type="checkbox"/> Registries                   | <input type="checkbox"/> Research                       | <input type="checkbox"/> Security                 |
| <input type="checkbox"/> Simulation and Modeling      | <input type="checkbox"/> Social Science                 | <input type="checkbox"/> Software Engineering     |
| <input type="checkbox"/> Standards                    | <input type="checkbox"/> Statistics                     | <input type="checkbox"/> Student                  |
| <input type="checkbox"/> System Architecture          | <input type="checkbox"/> Telehealth                     | <input type="checkbox"/> Terminologies            |
| <input type="checkbox"/> Translational Bioinformatics | <input type="checkbox"/> Visual Analytics               | <input type="checkbox"/> Workforce Development    |

**PRIMARY AREA OF INTEREST** (Please select up to 3) (*Required field*)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Analytics                    | <input type="checkbox"/> Big data                       | <input type="checkbox"/> Bioinformatics                |
| <input type="checkbox"/> Biostatistics                | <input type="checkbox"/> Biosurveillance                | <input type="checkbox"/> Cancer Research               |
| <input type="checkbox"/> Clinical Care                | <input type="checkbox"/> Clinical Decision Support      | <input type="checkbox"/> Clinical Research             |
| <input type="checkbox"/> Clinical Study Design        | <input type="checkbox"/> Clinical Trials                | <input type="checkbox"/> Clinical Workflow             |
| <input type="checkbox"/> Computer Science             | <input type="checkbox"/> Consumer Health                | <input type="checkbox"/> CPOE                          |
| <input type="checkbox"/> Data Analysis                | <input type="checkbox"/> Data Mining                    | <input type="checkbox"/> Data Science                  |
| <input type="checkbox"/> Dentistry                    | <input type="checkbox"/> Disease Management             | <input type="checkbox"/> Disease Surveillance          |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Electronic Health Records      | <input type="checkbox"/> Emergency Medicine            |
| <input type="checkbox"/> Engineering                  | <input type="checkbox"/> Entrepreneurship               | <input type="checkbox"/> Epidemiology                  |
| <input type="checkbox"/> Ethics                       | <input type="checkbox"/> Evaluation                     | <input type="checkbox"/> Genomics                      |
| <input type="checkbox"/> Global Health                | <input type="checkbox"/> Health Economics               | <input type="checkbox"/> Health Equity                 |
| <input type="checkbox"/> Health Information Exchange  | <input type="checkbox"/> Health Information Management  | <input type="checkbox"/> Health Information Technology |
| <input type="checkbox"/> Health Services Research     | <input type="checkbox"/> Human Computer Interaction     | <input type="checkbox"/> Human Factors                 |
| <input type="checkbox"/> Human Resources              | <input type="checkbox"/> Imaging                        | <input type="checkbox"/> Implementation                |
| <input type="checkbox"/> Information Retrieval        | <input type="checkbox"/> Intensive Care                 | <input type="checkbox"/> Internal Medicine             |
| <input type="checkbox"/> Interoperability             | <input type="checkbox"/> Knowledge Discovery            | <input type="checkbox"/> Knowledge Representation      |
| <input type="checkbox"/> Law                          | <input type="checkbox"/> Meaningful Use                 | <input type="checkbox"/> Medical Devices               |
| <input type="checkbox"/> Medicine                     | <input type="checkbox"/> Mobile Health                  | <input type="checkbox"/> Molecular Biology             |
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| <input type="checkbox"/> Pharmacoinformatics          | <input type="checkbox"/> Precision Medicine             | <input type="checkbox"/> Preventive Medicine           |
| <input type="checkbox"/> Primary Care                 | <input type="checkbox"/> Privacy                        | <input type="checkbox"/> Public Policy                 |
| <input type="checkbox"/> Public/Population Health     | <input type="checkbox"/> Qualitative Research           | <input type="checkbox"/> Quality Improvement           |
| <input type="checkbox"/> Registries                   | <input type="checkbox"/> Research                       | <input type="checkbox"/> Security                      |
| <input type="checkbox"/> Simulation and Modeling      | <input type="checkbox"/> Social Science                 | <input type="checkbox"/> Software Engineering          |
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| <input type="checkbox"/> Translational Bioinformatics | <input type="checkbox"/> Visual Analytics               | <input type="checkbox"/> Workforce Development         |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Female                | <input type="checkbox"/> Male                         |
| <input type="checkbox"/> Non-binary            | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Prefer not to answer. |   |

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## **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
- Black or African American
- White
- Multiracial/Multiple Races
- Asian
- Native Hawaiian or Other Pacific Islander
- Other
- Prefer not to answer

## **OTHER IDENTITIES**

- Caregiver
- LGBTQIA+ community
- Prefer not to answer.
- Disabled
- Veteran

## **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](#).

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.

Will be added in January 2024

*Continued on next page*

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## 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 Informatics Summit.

	Regular	Student	YIP**	Retired
Join or Renew your membership for 2024	__ \$400	__ \$50	__ \$220	__ \$185

\*\* Young Informatics Professional

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## 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 <https://amia.org/education-events/amia-2024-informatics-summit/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