**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**

**Early Advance Onsite**

(by 2/8) (2/9-3/1) (after 3/1)

Member \_\_ $1015 \_\_ $1130 \_\_ $1230

Non-member \_\_ $1395 \_\_ $1395 \_\_ $1495

Speaker Member \_\_ $965 \_\_ $1080 \_\_ $1180

Speaker Non-member \_\_ $1345 \_\_ $1345 \_\_ $1445

Student Member \_\_ $515 \_\_ $570 \_\_ $620

Student Non-member \_\_ $630 \_\_ $663 \_\_ $730

**PRE-RECORDED VIRTUAL CONFERENCE**

Member \_\_ $900

Non-member \_\_ $1120

Student Member \_\_ $455

Student Non-member \_\_ $505

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

**Mon. 03/13 Tue. 03/14 Wed. 03/15 Wed. 03/16**

Member \_\_ $520 \_\_ $520 \_\_ $520 \_\_ $520

Non-member \_\_ $625 \_\_ $625 \_\_ $625 \_\_ $625

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

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

\_\_ CME

\_\_ No Credit – Certificate of Participation

**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 INFOMRATION** *(Required Field)*

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

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

**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.

**Mon. 03/13, 8:30 a.m. – 12:00 p.m.:**

|  |  |
| --- | --- |
| **Workshop Title** | **Select One** |
| W02: Which Comes First: High Quality Clinical Data or Reliable AI-based Applications? - A Collaborative Workshop Proposal for AMIA 2023 Informatics Summit |  |
| W03: Research Data Governance: An Instructional Workshop |  |
| W04: Reusing and Adapting Computational Phenotyping Algorithms |  |
| W01: Data science opportunities and challenges in risk prediction and clinical decision support using electronic health and prescribing data to address substance use-related morbidity and mortality |  |

*Continued on next page*

**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 2023 Informatics Summit.

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

Join or Renew your membership for 2023 \_\_ $400 \_\_ $50 \_\_ $220 \_\_ $185

\*\* Young Informatics Professional

**PUBLIC HEALTH ATTESTATION** *(Required Fields)*AMIA requires all attendees and staff will comply with all applicable health and safety laws and directives, as well as any guidelines of AMIA and the hotel, including with respect to face coverings and physical distancing. AMIA’s international guests must follow applicable laws when traveling to and entering the United States. All attendees must comply with Current AMIA Conferencing Policies for Public Health and Safety listed [here.](https://amia.org/about-amia/leadership-and-governance/bylaws-and-policies/current-amia-conferencing-policies-public)

\_\_ 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

**AMIA’S MEETING ANTI-HARASSMENT POLICY** *(Required Field)*

By registering for the AMIA 2023 Informatics Summit I agree to abide by [AMIA’s Meeting Anti-Harassment Policy](https://amia.org/about-amia/leadership-and-governance/bylaws-and-policies/amia-meeting-anti-harassment-policy)

\_\_ I agree

**CELL PHONE CONTACT** *(Required field)*

By registering for the AMIA 2023 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

**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-2023-informatics-summit/registration-information> 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