



For more information or to register online, please visit www.magazine.org/amc.

REQUIRED INFORMATION
You must complete this section in order to register for AMC.

TRAVEL INFO (This is not a hotel reservation. You are required to make your own hotel accommodations.)

ARRIVAL	Date	Time	Flight Number
DEPARTURE	Date	Time	Flight Number

Yes No **Please check if you will attend the MPA-IMAG Sessions** (Sunday, approx. 11:30 am – 4:00 pm)

Yes No **Please check if you will attend Monday night's Ferry Ride around San Francisco Bay, immediately following the Dinner** (Monday, 8:00 pm – 9:15 pm)

Yes No **Please check if you will attend Google Day** (Tuesday, approx. 12:15 pm – 5:30 pm)

AMC REGISTRANT INFORMATION (Please complete all information accurately for program and badge.)
To attend AMC, you must be a member of MPA or ASME.

First Name _____ Last Name _____

Mr. Ms. _____ Business Title _____

Name for Badge _____
(if different from above)

Company Affiliation _____

Address _____

City/State/Zip Code _____ Country _____

Telephone _____ Fax _____
(Country/City Code)

Email Address _____
(required for updates and confirmations)

Spouse/Companion First Name _____ Last Name _____

Mr. Ms. _____

REGISTRATION FEES	On or Before Sept 10	After Sept 10
First-Time AMC Attendee	<input type="checkbox"/> \$1145 per person	<input type="checkbox"/> \$1345 per person
MPA/ASME Member	<input type="checkbox"/> \$1795 per person	<input type="checkbox"/> \$1995 per person
Spouse – ALL EVENTS <i>includes Google visit</i>	<input type="checkbox"/> \$1065 per person	<input type="checkbox"/> \$1165 per person
Spouse – MEALS ONLY <i>Sun dinner, Mon lunch & Mon dinner only</i>	<input type="checkbox"/> \$550 per person	<input type="checkbox"/> \$650 per person

METHOD OF PAYMENT (check one)

Attendee Fee \$ _____	+ Spouse Fee \$ _____	= TOTAL PAYMENT \$ _____
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- Check Enclosed--Payable to Magazine Publishers of America, Inc.
(Please include attendee's name and AMC08 on check and attach copy of form)
- AMEX (15 digits) MasterCard (16 digits) Visa (16 digits)

Card Number _____ Expiration Date _____

Cardholder's Name (please print) _____ Signature _____ Date _____

Mail this form with payment to:
 Magazine Publishers of America
 Events Department
 810 Seventh Avenue, 24th Fl., New York, NY 10019
Or FAX completed form to 212.371.3165

Payment must accompany this form for your registration to be processed. You will receive confirmation of your registration by email approximately 21 days before the conference. For additional registrants, please photocopy this form or visit our website at www.magazine.org/amc.



REFUND/CANCELLATION POLICY

Registration fees are nontransferable. Excluding a processing fee of \$200, full refunds will be granted if written requests are received by MPA/ASME on or prior to August 29, 2008. A 50% refund will be granted for written cancellations received on or prior to September 12, 2008. No refunds will be given thereafter and MPA/ASME will adhere strictly to these dates. Verbal cancellations will not be accepted. If a registration form is received (by fax or mail) without payment, and subsequently canceled, you will be invoiced for the appropriate amount.

REGISTRATION INFORMATION

Events Department, Phone: 212.872.3755, Fax: 212.371.3165. Email: MPAEvents@magazine.org.

**Amounts paid to MPA may be deductible as a business expense,
but are not deductible as a charitable contribution.
FEIN: 13-1087610.**