



Register online at www.magazine.org/amc

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
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Name for Badge (if different from above)	Business Title
Company Affiliation	
Address	
City/State/Zip Code	Country
Telephone (Country/City Code)	Fax
Email Address (required for updates and confirmations)	
Spouse/Companion First Name	Last Name
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	

MPA-IMAG Sessions (Sunday, 12:00 pm - 3:30 pm): Please check if you will/will not attend. Yes No

Small Group Workout Sessions led by Amy Dixon, Women's Health: Please check if you will attend.

Sunday, 3:15 p.m. – 4:00 p.m. Monday, 5:00 p.m. – 5:45 p.m. Both Sessions

REGISTRATION FEES	On or Before September 28	After September 28
First-Time AMC Attendee	<input type="checkbox"/> \$995 per person	<input type="checkbox"/> \$1195 per person
MPA/ASME Member	<input type="checkbox"/> \$1595 per person	<input type="checkbox"/> \$1795 per person
Spouse/Companion	<input type="checkbox"/> \$890 per person	<input type="checkbox"/> \$990 per person

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

METHOD OF PAYMENT (check one)

Attendee Fee \$ _____ + Spouse/Companion Fee \$ _____ = TOTAL PAYMENT \$ _____

- Check Enclosed--Payable to Magazine Publishers of America, Inc.
(Please include attendee's name and AMC07 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 September 21, 2007. A 50% refund will be granted for written cancellations received on or prior to October 5, 2007. 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.**