



Registration Form

National Association of Medical Examiners (NAME)

2019 NAME Annual Meeting & Exhibits, October 18 – 22, 2019

Sheraton Kansas City Hotel at Crown Center, Kansas City, Missouri, USA

MEETING REGISTRATION

*Note: All dollar amounts are in US Dollars

Early (Reduced) Registration Deadline–September 6, 2019

- NAME Member - \$750
 - Resident NAME Member - \$610
 - Fellow in Training NAME Member - \$610
 - International Corresponding NAME Member - \$610
 - Affiliate NAME Member- \$690
 - Medical Student - \$300
 - Non-Member - \$1,050
 - Spouse/Guest - \$490
 - Daily Registration Fee - \$300
- Please check day(s) which you will attend:
 Saturday Sunday Monday Tuesday

Registration After September 6, 2019

- NAME Member - \$900
 - Resident NAME Member- \$760
 - Fellow in Training NAME Member - \$760
 - International Corresponding NAME Member - \$760
 - Affiliate NAME Member- \$840
 - Medical Student - \$300
 - Non-Member - \$1,200
 - Spouse/Guest - \$640
 - Daily Registration Fee - \$450
- Please check day(s) which you will attend:
 Saturday Sunday Monday Tuesday

CME FEES

- NAME Member Early Fee - \$100
- NAME Member Late Fee - \$150
- Non-Member Early Fee - \$150
- Non-Member Late Fee - \$200

SAM FEES

- NAME Member Early Fee - \$100
- NAME Member Late Fee - \$150
- Non-Member Early Fee - \$150
- Non-Member Late Fee - \$200

OPTIONAL MEETINGS/ACTIVITIES

- Welcome Rec/Dinner (10/18) (non-registrant) _____ (#) \$85
- Annual Rigor Run/Walk (10/20) _____ (#) \$25
- Annual Cadaver Open Golf Tourn (10/20) _____ (#) \$40
- Learn to Lead, Rise, and Shine from the Chiefs Breakfast (10/21) _____ (#) FREE
- Femme Fatale Luncheon (10/21) _____ (#) \$65
- NAME Luncheon (10/22) (non-registrant) _____ (#) \$70

Denise D. McNally
Executive Director
National Association of Medical Examiners
15444 Chinnereth Est, Savannah, MO 64485
Tel: 660-734-1891
Fax: 888-370-4839
Email: name@thename.org • Web: www.thename.org

Registration Information

Name/Degree _____

Position _____

Department _____

Institution _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____

Country _____

Email _____

Telephone _____

Fax _____

ABP ID _____

Spouse/ Guest Name _____

Emergency Contact

Name _____ Relationship _____

Home Phone _____

Cell Phone _____

Payment Information

Check Enclosed (US Dollars)

VISA MC American Express

Credit Card # _____

Exp. Date _____ CVV _____

Name on Card _____

Signature _____

DEADLINES: Early (reduced) registration rates are available through September 6, 2019. Registration is available online at www.thename.org, or by mail, through September 16, 2019. After September 16, 2019, registration is closed and only onsite registration will be available.

The registration list for the Meeting Program will be processed on September 6. Attendees who register after this date will NOT be listed in the meeting program.

IMPORTANT: Make checks payable to NAME. Registration form must include payment.

CANCELLATION POLICY: Cancellations received by September 6, 50% refunded. Cancellations received after September 1, no refunds will be made.

Meeting Registration \$ _____

Spouse/Guest Fee \$ _____

CME/SAM Fees \$ _____

Optional Meetings \$ _____

TOTAL \$ _____