

# Registration Form

## CPT® Changes 2009 Workshops



Please print or type

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

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Payment Information:

- Visa** Card Number: \_\_\_\_\_
- MasterCard** Expiration Date (MM/YYYY): \_\_\_\_\_
- AmEx** Cardholder: \_\_\_\_\_
- Check Encl.** Signature: \_\_\_\_\_

Note: Payment & registration form(s) should be sent no later than **Friday, Oct. 31, 2008**. Please make check payable to "American Medical Association" and send to:

CPT® Changes 2009 Workshop Registration  
ATTN: Order Department  
American Medical Association  
PO Box 930876  
Atlanta, GA 31193-0876

**Registration Fee:**  
CPT® Changes 2009  
Workshops

**Early Bird Special:**  
**\$445.00**  
*Before Sept. 30, 2008*

**Full Rate:**  
**\$495.00**  
*(Oct. 1 – Dec. 12)*

### Please Check the Location You Will Attend:

- |  |               |                   |
|--|---------------|-------------------|
| <input type="checkbox"/> Atlanta, GA       | Nov. 17, 2008 | Code: WKSPAT08DKQ |
| <input type="checkbox"/> Dallas, TX        | Nov. 19, 2008 | Code: WKSPDL08DKQ |
| <input type="checkbox"/> New York, NY      | Nov. 20, 2008 | Code: WKSPNY08DKQ |
| <input type="checkbox"/> Minneapolis, MN   | Nov. 21, 2008 | Code: WKSPMN08DKQ |
| <input type="checkbox"/> Boston, MA        | Dec. 2, 2008  | Code: WKSPBS08DKQ |
| <input type="checkbox"/> San Francisco, CA | Dec. 3, 2008  | Code: WKSPSF08DKQ |
| <input type="checkbox"/> Anaheim, CA       | Dec. 4, 2008  | Code: WKSPAH08DKQ |
| <input type="checkbox"/> Las Vegas, NV     | Dec. 5, 2008  | Code: WKSPLV08DKQ |
| <input type="checkbox"/> Baltimore, MD     | Dec. 11, 2008 | Code: WKSPBL08DKQ |
| <input type="checkbox"/> Orlando, FL       | Dec. 12, 2008 | Code: WKSPOL08DKQ |

[www.ama-assn.org/go/cptchangesworkshop](http://www.ama-assn.org/go/cptchangesworkshop)

(800) 621-8335