

# REGISTRATION FORM

## CPT<sup>®</sup> CHANGES 2010 WORKSHOPS



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**Please Print or Type**

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

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

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

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

Suite/Apt: # \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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**Credit Card Information:**

Visa Card number: \_\_\_\_\_

MasterCard Expiration date: (MM/YYYY): \_\_\_\_\_

American Express Cardholder: \_\_\_\_\_

Check Enclosed Signature: \_\_\_\_\_

*Note: Check payment & registration form(s) should be sent no later than Friday, Nov. 20, 2009. Please make check payable to "American Medical Association" and send to:*

CPT<sup>®</sup> Changes 2010 Workshops Registration  
Order Department  
American Medical Association  
P.O. Box 930876  
Atlanta, GA 31193-0876

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**Registration fee:**

CPT<sup>®</sup> Changes 2010 Workshops

**Full Rate (Live)**

\$495 (Oct. 19 – Dec. 1)

*\*Registration forms received after Oct. 16 will be charged the full registration price*

*Please check the location you will attend:*

- |  |                   |                 |
|--|-------------------|-----------------|
| <input type="checkbox"/> Dallas, TX    | December 8, 2009  | Order #WKSPDL09 |
| <input type="checkbox"/> Newark, NJ    | December 8, 2009  | Order #WKSPNY09 |
| <input type="checkbox"/> Baltimore, MD | December 9, 2009  | Order #WKSPBL09 |
| <input type="checkbox"/> Atlanta, GA   | December 10, 2009 | Order #WKSPAT09 |

**Cancellation Policy:** Cancellation of an existing registration request must be submitted by e-mail to: [desiree.evans@ama-assn.org](mailto:desiree.evans@ama-assn.org) no later than Friday, Nov. 27, 2009. A \$50 administrative processing fee will be assessed. No refunds will be honored after this date, and there are no refunds for no-shows. If you are unable to attend, you may send a substitute as there are no refunds.