

1 HOW TO REGISTER:

Online: AHIMTAsymposium.org

Mail: IAFC c/o Experient, Inc., 5202 President's Court, Suite 310 • Frederick MD, 21703

Fax: 301-694-5124

Phone: 800-310-7554 (Domestic)

Email: AHIMTA@experient-inc.com

240-439-2554 (International)

Complete one form per registrant. Please make additional copies of the form for multiple registrants.

2 REGISTRATION INFORMATION: (REQUIRED)

Name	Title	AHIMTA Member Number	
Organization	Address (Is this address: <input type="checkbox"/> Home <input type="checkbox"/> Department)		
City	State	Zip	Country
Mobile Phone	Fax	E-mail (Please complete to receive your confirmation and conference updates.)	

3 DEMOGRAPHIC QUESTIONS: (REQUIRED)

To help us better serve you, please answer the following:

1. Are you currently on an IMT?

- Yes No

2. If yes, what type of IMT are you part of?

- 1 2 3

3. What is your position on your IMT?

4. What is your decision-making responsibility?

- Final decision maker Research and recommend
 Significant influence

5. What type of organization are you coming from?

- Private sector Emergency Management
 Fire-Rescue EMS
 Public Health Public Works
 National Guard Coast Guard
 Other _____

6. Is this your first time attending the Symposium?

- Yes No, I have attended the last _____ years.

4 PRICING & PACKAGING

A. PRE-CONFERENCE REGISTRATION RATES

Please indicate the preconference sessions that you wish to attend.

Preconference Dates: December 1-3

COURSE	✓	ON OR BEFORE 10/22/18	AFTER 10/22/18
1 Day		\$50	\$80
2 Day		\$100	\$130
3 Day		\$150	\$180

B. CONFERENCE REGISTRATION RATES

Conference Dates: December 4-6

	✓	ON OR BEFORE 10/22/18	AFTER 10/22/18
AHIMTA Member		\$425	\$475
Non-Member		\$500	\$550

Total Registration Due: (in U.S. Dollars) \$ _____
(add sections A and B to get your total)

5 PAYMENT INFORMATION: (REGISTRATION FORM MUST ACCOMPANY PAYMENT TO BE PROCESSED.)

Check Enclosed (Please make checks payable to "IAFC," in U.S. funds.)

Purchase Order # _____ (Copy of PO or form must be provided to process registration.)

Credit Card AMEX VISA MasterCard

Card # (with CSV code)

Expiration Date (Must be after 12/18)

Name as it appears on card

Signature

CANCELLATION/SUBSTITUTION POLICY:

All cancellations will be subject to a \$75 administrative fee. Cancellations must be sent in writing to the registration Center via e-mail to AHIMTA Symposium@experient-inc.com by Monday, November 12, 2018. Telephone cancellations will not be accepted. After Monday, November 12, 2018, substitutions will be allowed in the event the registrant is unable to attend, but no refunds will be issued. Telephone substitutions will be permitted.



This symposium is accessible to persons with disabilities. If you require special accommodations or auxiliary aids, please notify us of your needs in advance by calling 866-289-2386.