



# Registration Form

National Association of Medical Examiners (NAME)  
2018 NAME Annual Meeting & Exhibits, October 12 – 16, 2018  
Hilton West Palm Beach, West Palm Beach, FL USA

## MEETING REGISTRATION

\*Note: All dollar amounts are in US Dollars

### Early (Reduced) Registration Deadline–August 31, 2018

- 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 August 31, 2018

- 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 (10/12) (non-registrant) \_\_\_\_\_ (#) \$85
  - Annual Rigor Run/Walk (10/14) \_\_\_\_\_ (#) \$25
  - Annual Cadaver Open Golf Tourn (10/14) \_\_\_\_\_ (#) \$60
  - Learn to Lead, Rise, and Shine from the  
Chiefs Breakfast (10/15) \_\_\_\_\_ (#) FREE
  - Femme Fatale Luncheon (10/15) \_\_\_\_\_ (#) \$65
  - NAME Luncheon (10/16) (non-registrant) \_\_\_\_\_ (#) \$70
  - Forensic Pathology-Relevant  
"Patient Safety" Course (10/16) \_\_\_\_\_ (#) \$75
- Donate to NAME Foundation \$ \_\_\_\_\_ (Please indicate amount in US Dollars)

Denise D. McNally  
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## 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

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**DEADLINES:** Early (reduced) registration rates are available through August 31, 2018. Registration is available online at [www.thename.org](http://www.thename.org), or by mail, through September 15, 2018. After September 15, 2018, registration is closed and only onsite registration will be available. **The registration list for the Meeting Program will be processed on August 31. 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 1, 50% refunded. Cancellations received after September 1, no refunds will be made.

Meeting Registration \$ \_\_\_\_\_

Spouse/Guest Fee \$ \_\_\_\_\_

CME/SAM Fees \$ \_\_\_\_\_

Optional Meetings \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_