



# Registration Form

National Association of Medical Examiners (NAME)  
2021 NAME Annual Meeting & Exhibits, October 15 – 19, 2021  
Hilton West Palm Beach, West Palm Beach, Florida, USA

## MEETING REGISTRATION

\*Note: All dollar amounts are in US Dollars

### Early (Reduced) Registration Deadline—September 15, 2021

- NAME Member - \$750
- International Corresponding NAME Member - \$610
- Affiliate NAME Member - \$690
- Fellow in Training NAME Member – FREE
- Resident NAME Member - FREE
- Medical Student NAME Member – FREE
- Affiliate – Trainee NAME Member – FREE
- 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 15, 2021

- NAME Member - \$900
- International Corresponding NAME Member - \$760
- Affiliate NAME Member - \$840
- Fellow in Training NAME Member – FREE
- Resident NAME Member - FREE
- Medical Student NAME Member – FREE
- Affiliate – Trainee NAME Member – FREE
- 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

### OPTIONAL MEETINGS/ACTIVITIES

- Welcome Rec/Dinner (10/15) (non-registrant) \_\_\_\_\_ (#) \$85
- Annual Rigor Run/Walk (10/17) \_\_\_\_\_ (#) \$25
- Annual Cadaver Open Golf Tourn (10/17) \_\_\_\_\_ (#) \$35  
Golfer's Name (s) \_\_\_\_\_
- Learn to Lead, Rise, and Shine from the  
Chiefs Breakfast (10/18) \_\_\_\_\_ (#) FREE
- Femme Fatale Luncheon (10/18) \_\_\_\_\_ (#) \$65
- NAME Luncheon (10/19) (non-registrant) \_\_\_\_\_ (#) \$70

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

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](mailto:name@thename.org) • Web: [www.thename.org](http://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 \_\_\_\_\_

**COVID-19 Waiver:** Attendee assumes all risks and accepts sole responsibility specifically relating to the global COVID-19 pandemic, attendee acknowledges the highly contagious nature of COVID-19 and voluntarily assumes the risk of exposure or infection by attending the NAME 2021 Annual Meeting, and that such exposure or infection may result in personal injury, illness, disability, and/or death to attendee. Attendee understands that the risk of becoming exposed to or infected by COVID-19 at the NAME 2021 Annual Meeting may result from the actions, omissions, or negligence of others who may attend the event or their families, colleagues, or others with whom they may have contact. Accordingly, attendee understands and agrees that this release includes any claims based on the actions, omissions, or negligence of the National Association of Medical Examiners, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the NAME 2021 Annual Meeting. In addition to all other rules and regulations relating to the attendee's attendance at the NAME 2021 Annual Meeting, attendee agrees to comply with all COVID-related procedures that may be implemented by the National Association of Medical Examiners and the Hilton West Palm Beach, including, but not limited to, mask-wearing and social distancing requirements and restrictions on certain activities that carry higher COVID-related risk, in order to protect as much as possible the health and safety of all NAME 2021 Annual Meeting attendees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 15, 2021. Registration is available online at [www.thename.org](http://www.thename.org), or by mail, through September 15, 2021. After September 15, 2021, registration is closed and only onsite registration will be available. **The registration list for the Meeting Program will be processed on September 15.**

**IMPORTANT:** Make checks payable to NAME. Registration form must include payment.  
**CANCELLATION POLICY:** Cancellations received by September 15, 50% refunded. Cancellations received after September 15, no refunds will be made.

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

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

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

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

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