



Registration Form

9th Annual Meeting of the Global Alliance for Medical Education The Westin New York Times Square June 20-22, 2004

Attendee Information:

Name _____

Degree _____ Title _____

Company/Organization/Institution _____

Street Address _____

City/State/Zip _____ Country _____

Office Phone Number _____ Fax number _____

E-mail address _____

CONFERENCE REGISTRATION

(includes all catering functions)

____ Nonmember fee \$495

____ Member fee \$345

____ I will be attending the reception/keynote/dinner
on Sunday, June 20th.

Registration Deadline: May 31, 2004;

registrations received after this date will
incur a **\$50 administrative fee.**

HOTEL INFORMATION

A block of rooms has been reserved at the Westin New York
Times Square at a rate of \$219 US single or double. In order
to obtain this reduced rate, you must make your reservation
by June 2, 2004, and identify yourself as a GAME registrant.

The Westin NY at Times Square
270 West 43rd Street @ Eighth Avenue

New York, NY 10036

212.201.2700

Toll Free: 888.627.7149

NOT A MEMBER OF GAME? Join now!

GAME MEMBER ENROLLMENT

____ Annual membership for 2004 \$300

____ Additional members from same organization \$100

QUESTIONS ABOUT GAME MEMBERSHIP OR EXHIBITING OPPORTUNITIES?

Contact: Celene Chasen, GAME Membership Chair
Manager of Corporate Relations,
Office of Continuing Medical Education
Baylor College of Medicine
cchasen@bcm.tmc.edu or call 713.798.4024

Ask about international membership discounts!

CANCELLATION/REFUND POLICY

Refunds will be issued if notice of cancellation is received
on or by May 31, 2004. A processing fee of \$50 will be
retained on all cancellations. Request for refunds must be
in writing.

Mail check or credit card information to:

Global Alliance for Medical Education

c/o Saber Communications

Attention: James Arnott

PO Box 835

126 Sullivan Street, Wurstboro, NY 12790

Phone: 845.888.0080 **OR** FAX credit card information to 845.888.0082

Payment: _____ Visa _____ Mastercard _____ Check

Card Number: _____ Exp. Date _____

Name as it appears on card: _____

Signature: _____