

ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS

REGISTRATION FORM



**39th AAMP Annual Scientific Meeting
Baltimore, Maryland
2025**

NAME: Last _____ First _____ M.I. _____

ADDRESS: _____
Preferred mailing address

City _____ State _____ Zip _____

MEMBER

Members should complete the fillable PDF, save it, and send it to Pam Nixon via E-mail: PNixon@som.umaryland.edu, and print the completed registration for your records.

NON-MEMBER \$175.00 STUDENT / TRAINEE \$50.00

AFFILIATION:

If Student / Trainee, please provide the Program Director's Information below:

NAME: _____

ADDRESS: _____

City _____ State _____ Zip _____

Program Director SIGNATURE: _____

Mail Non-Member or Student / Trainee registration **and check** to:

**Association for Academic Minority Physicians
P.O. Box 271
Stevenson, Maryland 21153-0271**

***NOTE: Non-member pays \$175.00; Trainee pays \$50.00. Registration fee includes a reception, two continental breakfasts and a coffee break.**