

**Delegate
Application Form**

Advanced Applications in Medical Practice, LLC
 Att. Sharon Phillips
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 Parkland,
 Florida. 33067

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 (including CME processing)
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| Delegate Name _____ | Title _____ |
| Address _____ | Organization Name _____ |
| City _____ | Mailing Address _____ |
| State _____ Zip _____ | City _____ |
| Phone _____ Fax _____ | State _____ Zip _____ |
| Email _____ | Phone _____ Fax _____ |
| Website _____ | Contact E-mail* _____ <small>(*Required for receipt and conference updates)</small> |

| C. Payment by Credit Card | D. Payment by Check |
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| <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Name on Credit Card _____ Credit Card Number _____ Address _____ City _____ State _____ Expiration Date ____/____/____ Charge Amount _____ Authorization Code _____ Zip Code _____ Signature _____ | Mail check payable in U.S. Funds to Advanced Application in Medical Practice 8121 Blue Ridge Lane Parkland, Florida. 33067 <hr/> Total Paid: _____ Signature: _____ Date: ____/____/____ <hr/> <small>Please Note: AAMP Conferences are organized by Advanced Medical Therapies and FMI Marketing, Inc., to better educate healthcare professionals, in a pleasant and structured environment.</small> |