

Registration Form
2010 AMTA New England Regional Conference
(Complete both sides of this form)

You may register online at www.amta-nerc.org or via postal mail using this form

DEADLINE for Early Registration Rate: January 29, 2010, 11:59PM
Each registrant must have a separate Registration Form
Students may pre-register at a discount rate postmarked by January 29, 2010
(see special student pricing form on reverse side of this form)

DO NOT MAIL THIS FORM AFTER FEB. 19, 2010
ADDITIONAL REGISTRATIONS WILL BE ACCEPTED AT THE CONFERENCE
CREDIT CARDS ARE ACCEPTED AT THE CONFERENCE
A FEE OF \$25 WILL BE ASSESSED FOR ANY RETURNED CHECKS

MAIL TO: Brenda Thibault
1005 Central St.
Palmer, MA 01069

Make Check or Money Order Payable to AMTA-NERC
If you have questions about the registration process,
Contact Brenda Thibault at 413-284-1062 or newenglandconference@yahoo.com

REFUND/CANCELLATION POLICY

80% of registration fees will be refunded provided we receive a written cancellation postmarked by January 29, 2010. 50% will be refunded if postmarked by February 5, 2010. Any request for refunds after February 5, 2010 must be made in writing and sent to the Registration Coordinator. ALL REQUESTS MUST BE POSTMARKED NO LATER THAN THE LAST DATE OF THE CONFERENCE AND WILL BE REVIEWED BY THE CONFERENCE COMMITTEE AT THE NEXT SCHEDULED COMMITTEE MEETING AFTER THE CONFERENCE.

CONTACT INFORMATION & WAIVER

PLEASE PRINT LEGIBLY

Name _____ AMTA # _____ Chapter _____

Address _____ City _____ State _____ Zip _____

Primary Ph.# _____ Secondary Ph.# _____ Email _____

Emergency contact _____ Ph.# _____

Food Preference: { }Fish { }Poultry { }Vegetarian

Please check all that apply:

- This is my first Conference
- I do not want my name and contact information released to exhibitors
- I have dietary restrictions (please specify restrictions in space below, a representative of NERC will contact you to discuss your needs.)

If you or your guest are a person with a disability and require any auxiliary aids, services or other accommodations for the conference, please check here and a representative of NERC will contact you to discuss your needs.

(Please reply on or before January 29, 2010 so we may have time to accommodate your needs.)

EDUCATION PROGRAMS WAIVER: NERC and the massage instructor have taken precautions to provide a safe environment, however, it is impossible to guarantee absolute safety. Successful completion of each AMTA course does not assume proficiency in a modality or business practice. Massage therapists have the responsibility for ensuring client safety by conducting a thorough intake, deciding a safe treatment plan, working within their scope of practice, and adhering to the AMTA Code of Ethics and Standards of Practice. Massage therapists are advised to practice the technique prior to utilizing them in a clinical setting.

I assume the responsibility for safety by complying with the instructor's or staff's directions and by disclosing any contraindications to receiving a massage in class.

I agree to release NERC and my class instructor from all liability and responsibility for any injury, loss, or damage suffered by me, my property, or my clients as a result of the knowledge that I received from this course.

By responding to this message, I agree to give AMTA permission to use my photograph in future communications and marketing materials, should my photo be taken at the 2010 New England Regional Conference.

I understand that only registered attendees may be present in classrooms.

Signature _____ Date _____

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REGISTRATION INFORMATION

Full Registration Fee includes: Ethics Seminar, all Educational Sessions, Friday lunch & dinner, Saturday breakfast, lunch & dinner, Sunday Continental breakfast, and Exhibits all days.

FULL REGISTRATION OPTIONS

Early Registration Rate AMTA Members ONLY by 1/29/10 by 11:59PM \$359 \$____

Member Registration after 1/29/10 \$419 \$____

Non-member Early registration before 1/29/10 \$419 \$____

Non-member Registration after 1/29/10 \$479 \$____

Student Early registration before 1/20/10 \$325 \$____

Student Registration after 1/29/10 \$375 \$____

(Students MUST complete form below for special pricing)

Please note: meals and sessions have no individual cash value and may not be deducted from the full registration price.

PARTIAL REGISTRATION OPTIONS

Ethics Seminar only \$ 79 \$____

Friday Educational Session (excludes Ethics) \$129 \$____

Saturday, one Educational Session \$129 \$____

Saturday, two Educational Sessions \$234 \$____

Sunday Educational Session \$129 \$____

ADDITIONAL MEAL TICKETS

Additional tickets are available for all special functions for guests or those not registered for the entire conference.

Meals Only:

Friday Lunch \$27 \$____

Friday Awards Dinner \$40 \$____

Saturday Breakfast \$23 \$____

Saturday Lunch \$27 \$____

Saturday Banquet \$38 \$____

Sunday Continental Breakfast \$16 \$____

Total amount of check enclosed \$____
Make Check or Money Order Payable to AMTA-NERC

EDUCATIONAL SESSIONS

Bonus Sessions & Ethics

Thurs. March 11 6:30PM-9:30PM ____ Session 1 ____ Session 2 ____ Neither

Fri. March 12 9:00AM-12:00PM ____ Session 3

Concurrent Sessions: Classes are issued on a first-come, first-served basis. Please choose in order of preference by marking the appropriate line with the session number.

Date:	Time	1st	2nd	3rd	4th	5th
Fri. March 12	1:00PM - 4:00PM	----	----	----	----	----
Sat. March 13	8:30AM - 11:30AM	----	----	----	----	----
Sat. March 13	2:15PM - 5:15PM	----	----	----	----	----
Sun. March 14	10:30AM - 1:30PM	----	----	----	----	----

COMPLETE BOTH SIDES OF THIS FORM

STUDENTS MUST COMPLETE THIS FORM FOR SPECIAL PRICING

A special Student registration fee is being offered to all students of massage. AMTA membership is not required to attend the Conference By January 29, 2010 - Student Early Registration \$325 After January 29, 2010 - Student Registration \$375

Please be sure to have your registration form signed by the School Director/Instructor, otherwise it will not be honored

Student Name _____

School _____

Ph. # _____

Signature of School Director or Instructor _____

x_____

For Office Use Only:

DR _____

PM _____

Check Date _____

Amount: \$ _____

Check No: _____

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