



AMHCR 2016 Registration Form

Location: Crested Butte Mountain Resort, Crested Butte, CO

Dates: February 24 - 27, 2016

Reservations: AMHCR Dedicated Toll Free Number: (866) 951-6260 between the hours of 8am-6pm Mountain Time. Please reference AMHCR or the Association when making reservations.
Online: www.skicb.com/mygroup Group #8313
E-mail: info@cbmr.com

Hotel Rates: \$159-399/night (depending on selection)

Conference Registration Fee:	_____	\$345
Late registration (after 1/30/16):	_____	\$375
Students:	_____	\$150
Guest Attendee:	_____	\$ 50 (Receptions and Dinner)
PayPal Fee:	_____	\$ 5

Total Fee Submitted: \$ _____

*Registration Fee includes a subscription to the *International Journal of Pharmaceutical and Healthcare Research*

Payment Options:

_____ Check: Payable to AMHCR in U.S. dollars.
_____ PayPal: (www.AMHCR.org Click on the "Register" Button)

Name: _____

Institutional Affiliation: _____

Address: _____

Phone: _____ **Email:** _____

Return Registration Form and Payment to:

Dr. Sarah Keller (skeller@msubillings.edu)
Montana State University, Billings
Dept. of Communication & Theatre
1500 University Dr.
Billings, MT 59101