ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS

REGISTRATION FORM

35th Annual Scientific Meeting October 2, 2021

NAME: **Last** **First** **M.I.**

ADDRESS: _____
Preferred mailing address

_____

_____
City **State** **Zip**

MEMBER

Members should complete the fillable PDF, save it and email it to pnixon@aampinc.org. or, print the completed registration and fax it to Pam Nixon at 410-706-2995

NON-MEMBER ☐ WAIVED STUDENT $0.00 ☐ TRAINEE $0.00

AFFILIATION:

_____

_____

If Trainee, please provide the Program Director's Information below: **NAME**:

ADDRESS: _____

_____

_____

City State Zip

Program Director SIGNATURE:

_____

NOTE: There will be a general **"Meet the Mentors"** and several mentoring sub-platforms during the meeting such as:

A. _____Preparing your c.v. so that it is an assert and not a turn-off
B. _____How to obtain the support you need and improve your progress as a junior faculty member
C. _____When is that first external grant application ready to send
D. _____Tenure or non-tenure track

Several of these will probably be combined. As a member, please let us know your interest in leading/and or participating in one of these groups. As a non-member please let us know your interest in participating in one or more of these areas.

Association for Academic Minority Physicians
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Stevenson, Maryland 21153-0271