

Reg. No.: \_\_\_\_\_ (AMTA office use only)



# REGISTRATION FORM

## FOR THE 37<sup>TH</sup> ANNUAL WMTS CONGRESS

PLEASE COMPLETE IN BLOCK LETTERS AND RETURN THIS FORM TO:



Mrs. Betty Olsen, Executive Director AMTA, 1803 Cobblestone Drive, Provo, Utah, 84604, USA  
 Phone: 800.326.2682 Fax: 801.374.0135 E-mail: amta@mdtennis.org

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

NAME SPOUSE/SIGNIFICANT OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

MEDICAL SPECIALIZATION &amp; DEGREE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

YOUR TENNIS PROFICIENCY:  EXCELLENT  GOOD  FAIR USA NTRP \_\_\_\_\_ EURO ITN \_\_\_\_\_SPOUSE'S TENNIS PROFICIENCY:  EXCELLENT  GOOD  FAIR USA NTRP \_\_\_\_\_ EURO ITN \_\_\_\_\_Will you have a car? Yes  No 

### REGISTRATION FEE

Registration is restricted to:

1. Medical Doctors in good standing in the Medical Tennis Association of the country in which they reside / practice.
2. Spouses or significant others of physicians as defined in 1.
3. On-site registration and payment will not be possible.

Each official WMTS delegate will be responsible for the qualification of registrants from their country. Participation in the tennis tournament is restricted to physicians and spouses or significant others.

CATEGORY	DISCOUNT BEFORE 01 JUNE	AFTER 01 JUNE	NUMBER OF PERSONS	TOTAL AMOUNT \$USD
PHYSICIAN ATTENDING	\$ 500.00	\$ 600.00		
SPOUSE PLAYER	\$ 300.00	\$ 350.00		
NON PLAYER AND ADULT GUEST	\$ 200.00	\$ 250.00		
EACH CHILD 10 YEARS OR OVER	\$ 125.00	\$ 175.00		
9 YEARS OR UNDER	\$ 25.00	\$ 25.00		
WMTS CONTRIBUTION	\$ 5.00/part.	\$ 5.00/part.		
GRAND TOTAL IN \$USD	-----	-----	-----	

Registration Fee includes: Tennis Tournament, Opening Festivities, Midway, Awards Dinner, and bus transportation. Scientific Sessions are free.

### METHOD OF PAYMENT

#### Option 1: Credit Card (Payments will be charged in US dollars)

Method of Payment: [ ] Amex [ ] Visa [ ] MasterCard [ ] Check (no foreign checks please, USA only)

Credit Card#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Option 2: Bank Wire**

**Bank:** Wells Fargo, 86 N University Blvd., Provo, Utah, 84604, USA  
**Account Number:** 5706674859  
**Swift Code:** BIC WFBIUS6S (International)  
**Name of Account:** AMTA (American Medical Tennis Assoc.)

Bank fees are to be paid by the Payer.

Please send email confirmation including reference number, your name and dollar amount.

**General Conditions and Cancellation Policy**

1. Kindly transmit the Registration Form to AMTA (American Medical Tennis Association) by no later than the 1<sup>st</sup> of June, 2007 for an early registration discount.
2. If you make reservations after July 8, 2007, we cannot guarantee hotel rooms as we must return un-booked hotel rooms 60 days before event.
3. A first night deposit for hotel room must be made along with tournament registration fee by credit card. The selected hotel will make the first night deposit by credit card.
4. After receiving your hotel booking form and tournament registration fee, the following cancellation charges will apply:

From June 1 through June 30, 2007 _____	\$ 50.00/person
From July 1 through August 20, 2007 _____	\$100.00/person
After August 20, 2007 _____	No refund

Initial\_\_\_\_By affixing my signature to this registration form, I give my permission for public photos of functions which might include me or any members of my party to be posted on the WMTS website with my name thereto attached, and permission for results of competition and scientific meeting participation to appropriately include my name.

Initial\_\_\_\_Additionally my signature validates that I hold or have held a Medical License to practice medicine.

Initial\_\_\_\_By signing this registration, I acknowledge I and any member of my registering party agree we are responsible for our own health and participate at our own risk. AMTA will not be financially responsible for any medical expenses.

**Signature** \_\_\_\_\_

**Date** ---/---/---  
 Day Month Year

**Host Country:** USA-American Medical Tennis Association  
 1803 Cobblestone Drive, Provo, UT 84604  
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 Fax.: 801.374.0135  
 Email: [amta@mdtennis.org](mailto:amta@mdtennis.org)  
 Website: [www.mdtennis.org](http://www.mdtennis.org)