

GROW MORE IN 24

Registration Form

April 18-21 AMTA-NY Annual Convention
Albany Hilton Downtown | Albany, New York

Registrant Information (one form per registrant – please print)

☐ Privacy: Please DO NOT release my name or information to exhibitors.

NAME _____ AMTA MEMBER ID # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

EMAIL _____ NYS MASSAGE THERAPY LICENSE # _____

NAME ON BADGE (if different from above) _____

☐ Please specify below if you need special accommodations:

Registration must be postmarked by March 18, 2024, to receive the Early Registration Rate. Do not mail this form after March 25, 2023. If registering after April 1, 2024, contact AMTA-NY to confirm availability.

Quick & Easy Registration

www.amtany.org

Check all that are appropriate:

- ☐ Member ☐ First-Time Attendee
☐ Non-Member ☐ Student

Not A Member?

Become a member today and take advantage of convention member pricing. Visit www.amtamassage.org to join.

Emergency Contact Information

NAME _____ PHONE _____ RELATIONSHIP _____

Volunteers Needed

If you are interested in volunteering at this event, please contact the AMTA-NY Chapter Office at events@amta-ny.org. Most volunteer opportunities only require 1-2 hours of your time and you will not be expected to miss any classes. There is no compensation, monetarily or waiving of registration fees, for volunteering. Please join us because you want to help and be involved!

Cancellation Policy

An administrative fee of \$50 is assessed on all cancellations made by March 18, 2024. A \$100 administrative fee is assessed on cancellations between March 18 and April 1, 2024. No shows and cancellations postmarked after April 1, 2024, are not eligible for refunds. **All** cancellations must be submitted in writing to: AMTA-NY Chapter, 167 Chamberlain Road, Honeye Falls, NY 14472 or emailed to: events@amta-ny.org.

Questions

If you have any questions, please call 585.582.6208.

Payment Information

Checks are no longer accepted. Payment must be made in the form of a credit or debit card.

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|-----------------------|--|--|--|
| <input type="checkbox"/> VISA VISA | | <input type="checkbox"/> MASTERCARD MASTERCARD | | <input type="checkbox"/> DISCOVER DISCOVER | | | | | | | |
| ACCOUNT # | | | | | | | | | | | |
| | | | | | | | | | | | |
| EXP DATE: / / | | | | SECURITY CODE: | | | | AMOUNT AUTHORIZED: \$ | | | |
| SIGNATURE: | | | | | | | | | | | |
| IF BILLING ADDRESS IS DIFFERENT THAN REGISTRANT'S ADDRESS | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | |
| CITY | | | | STATE | | | | ZIP | | | |

CEUs will be granted only to those who register and attend the entire class, no partial credit/class.

| Convention Registration Fees | EARLY REGISTRATION by March 18, 2024 | | | REGULAR REGISTRATION after March 18, 2024 | | |
|---|--------------------------------------|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|
| | MEMBER | NON-MEMBER | STUDENT | MEMBER | NON-MEMBER | STUDENT |
| Full Convention (3 Days) (select classes from the "FULL" column below) | <input type="checkbox"/> \$385 | <input type="checkbox"/> \$490 | <input type="checkbox"/> \$310 | <input type="checkbox"/> \$445 | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$345 |
| All Weekend Class: April 18-21 Lymph Drainage Therapy 1 (LDT1): Fluid Dynamics - Lymphatic Pathways - Anatomical Integrity (4 days-24 CEH) Paula Gurak, LMT | <input type="checkbox"/> \$435 | <input type="checkbox"/> \$540 | | <input type="checkbox"/> \$495 | <input type="checkbox"/> \$600 | |

Not staying for Full Convention; Individual classes only

Select individual (EARLY IND. or AFTER MARCH 18 IND.) sessions you wish to attend from the columns below and pay according to what you register for.

Please select your meal for the Dinner Dance for the registrant of the above convention:

☐ Chicken ☐ Fish ☐ Vegetarian ☐ Not Attending Please specify if you have any dietary considerations:_____

Friday April 19, 2024

| Friday April 19, 2024 All Day Sessions 8am-12pm & 2-6pm (CEU 8) | FULL | EARLY IND. | AFTER MARCH 18 IND. |
|---|--------------------------|--------------------------------|--------------------------------|
| Essential Oils & Meridians Jennifer Sowle, LMT (HO) | <input type="checkbox"/> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$330 |
| SOAP Notes, Assessment, and Clinical Documentation for Medical Massage Lauren Arnold, LMT (L) | <input type="checkbox"/> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$330 |
| Integrated Manual Therapy and Orthopedic Massage for Low Back Pain, Hip Pain, and Sciatica James Waslaski, LMT (HO) | <input type="checkbox"/> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$330 |
| IASTM (Instrument Assisted Soft Tissue Mobilization) For Massage Therapist's Upper Body Lori-Ann Gallant-Heilborn, LMT (HO) | <input type="checkbox"/> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$330 |
| Kinesiology and Orthopedic Assessment of the Cervicals Jeff Mahadeen, LMT (HO) | <input type="checkbox"/> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$330 |

Saturday, April 20, 2024

| All Day Sessions 8am-12pm & 1:30-5:30pm (CEU 8) | FULL | EARLY IND. | AFTER MARCH 18 |
|--|--------------------------|--------------------------------|--------------------------------|
| Understanding Pain & Sensation: A Biopsychosocial Approach to Chronic Pain for Medical Massage Lauren Arnold, LMT (L) | <input type="checkbox"/> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$330 |
| Integrated Manual Therapy and Orthopedic Massage for Complicated Elbow, Forearm, Wrist & Hand Conditions and Integrated Manual Therapy and Orthopedic Massage for Complicated Cervical Conditions James Waslaski, LMT (HO) | <input type="checkbox"/> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$330 |
| IASTM (Instrument Assisted Soft Tissue Mobilization) For Massage Therapist's Lower Body Lori-Ann Gallant-Heilborn, LMT (HO) | <input type="checkbox"/> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$330 |
| Kinesiology and Orthopedic Assessment of the Knee Jeff Mahadeen, LMT (HO) | <input type="checkbox"/> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$330 |

Saturday, April 20, 2024 continued

| Two Day class: Saturday, April 20 and Sunday April 21 Saturday 8am-12pm and 1:30-5:30pm Sunday 8:30am-12:30pm (CEU 12) | FULL | EARLY IND. | AFTER MARCH 18 |
|---|--------------------------|--------------------------------|--------------------------------|
| VMINT: Visceral Manipulation Introduction Ken Frey, PT, BI-D, CST-D (HO) <i>Attendance limited. Licensed therapists only.</i> <i>NOTE: This class begins at 8am on Saturday April 20 and concludes on Sunday at 12:30</i> | <input type="checkbox"/> | <input type="checkbox"/> \$375 | <input type="checkbox"/> \$490 |

Sunday, April 21

| Morning Sessions 8:30-end times and CEUs vary- | FULL | EARLY IND. | AFTER MARCH 18 |
|---|--------------------------|--------------------------------|--------------------------------|
| Ethical Foundations and Professional Boundaries (CEU 4) Lauren Arnold, LMT (L) Course Time: 8:30am-12:30pm | <input type="checkbox"/> | <input type="checkbox"/> \$125 | <input type="checkbox"/> \$165 |
| Elite Sports Massage (CEU 4) James Waslaski, LMT (HO) Course Time: 8:30am-12:30pm | <input type="checkbox"/> | <input type="checkbox"/> \$125 | <input type="checkbox"/> \$165 |
| Shoulder Injuries, Movement, and Functionality (CEU 5) Lori-Ann Gallant- Heilborn, LMT (HO) Course Time: 8:30am-1:30pm | <input type="checkbox"/> | <input type="checkbox"/> \$155 | <input type="checkbox"/> \$205 |
| Myofascial Mobilization of the Rotator Cuff (CEU 6) Jeff Mahadeen, LMT (HO) Course Time: 8:30am-2:30pm | <input type="checkbox"/> | <input type="checkbox"/> \$185 | <input type="checkbox"/> \$250 |

A La Carte Dinner Dance Tickets

Full convention registrants receive tickets to all the events. Purchase these tickets only if you have a non-registered guest who would like to attend the Dinner Dance, or if you are an individual class-only registrant and would like to attend this event.

Dinner Dance: ☐ \$65

Meal Selection: ☐ Chicken ☐ Fish ☐ Vegetarian

Please specify if you have any dietary considerations:_____

(L) - Lecture class
(HO) - Hands-on class