

**REGISTER
NOW**

Individual Registration Form
Region IV, National Medical Association
Friday, May 1 – Sunday, May 3, 2020

PLEASE PRINT and PROVIDE AN EMAIL ADDRESS

Pre-Registration must be made by April 1, 2020

Last Name: _____ First: _____ MI _____

Please circle: MD DO DPM DDS RN PA Other

Profession/Specialty: _____

NMA Member: YES NO Local Society: _____

Street: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Home Phone: _____ Home Fax: _____

Email: _____ Mobile: _____ Other: _____

Included in registration fee: Conference, Reception, Breakfast, Breaks, Lunch, Dinner and CME Credits

- NMA Member \$150.00* NMA Non-Member \$175.00* RN & Allied Health Professional \$75.00
 Resident/Fellow \$30 Auxiliary \$50.00 Medical/Nursing Student
(No cost – Must have Dean's Letter)

- Additional Luncheon Ticket** \$25.00 each X _____ **Additional Dinner (Saturday)** \$75.00 each X _____

***Registration fee will increase after April 1, to \$175 for NMA Members and \$200 for NMA non-members**

Payment _____ check payable to NMA Region IV

Credit Card _____ Visa _____ MC _____ AMX _____ Discover



Credit Card Number _____ Exp date _____

Please provide the **3 digits V Code** located on the back of the credit card _____ American Express has a **4 digit V Code** on the front of the card.

I, hereby authorize my credit card to be charged for the Region IV meeting registration fee(s) totaling \$ _____

Signature _____ Date _____

Credit card payments may be emailed to nmaregioniv@gmail.com or

mailed to: NMA Region IV, P.O. Box 1011, Bloomfield Hills, MI 48303

I will attend the following:

- Friday, May 1, 2020 Town Hall Meeting Welcome Reception
Saturday, May 2, 2020 Breakfast Lunch Dinner
Sunday, May 3, 2020 Breakfast Box Lunch