

PREREGISTRATION FORM – PAGE 1

NO PREREGISTRATIONS WILL BE ACCEPTED (VIA FAX OR POSTMARKED) AFTER JUNE 15, 2008.
 After that date, all registrations must take place on site. Cancellations must be in writing and postmarked by June 15, 2008 to receive a full refund less a \$50 service charge. **No refunds after July 1, 2008.**

1. PERSONAL INFORMATION *Please print. If you photocopy this form, be sure to copy and complete both sides.*

NAME
 LAST _____ FIRST _____ MI _____
 PREFERRED MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____ E-MAIL _____

- Professional Degree/s: M.D. Other (specify) _____
- Primary Medical Specialty _____
- School Attended _____
- Name of your NMA State Society _____
- Name of your Local NMA Society _____
- Male Female Age: A 20s B 30s C 40s D 50s E 60+

• Which section will you primarily attend? *Please select one. Registration will not be processed without a selection.*

- | | | | |
|--|--|---|---|
| A <input type="checkbox"/> Aerospace, Military and Occupational Medicine | G <input type="checkbox"/> Emergency Medicine | N <input type="checkbox"/> Orthopaedics | U <input type="checkbox"/> Psychiatry & The Behavioral Sciences |
| B <input type="checkbox"/> Allergy & Immunology | H <input type="checkbox"/> Family Practice | O <input type="checkbox"/> Otolaryngology | V <input type="checkbox"/> Radiology |
| C <input type="checkbox"/> Anesthesiology | I <input type="checkbox"/> Internal Medicine | P <input type="checkbox"/> Pathology | W <input type="checkbox"/> Surgery |
| D <input type="checkbox"/> Basic Science | J <input type="checkbox"/> Medical Administrators | Q <input type="checkbox"/> Pediatrics | X <input type="checkbox"/> Urology |
| E <input type="checkbox"/> Community Medicine & Public Health | K <input type="checkbox"/> Neurology/Neurosurgery | R <input type="checkbox"/> Physical Medicine & Rehabilitation | Y <input type="checkbox"/> Women's Health |
| F <input type="checkbox"/> Dermatology | L <input type="checkbox"/> Obstetrics & Gynecology | S <input type="checkbox"/> Plastic & Reconst. Surg. | Z <input type="checkbox"/> Health Professional (Non-Physician) |
| | M <input type="checkbox"/> Ophthalmology | T <input type="checkbox"/> Post Graduate | |

2. REGISTRATION FEES *(Check only one)*
 IN ORDER TO REGISTER AT MEMBER RATES,
 MEMBERSHIP MUST BE CURRENT FOR 2008

	PREREGISTRATION (Through 2/1/08)	REGULAR (After 2/1/08)
PHYSICIANS	Members* ... A <input type="checkbox"/> \$ 475. ... J <input type="checkbox"/> \$ 550	Non-Members ... B <input type="checkbox"/> \$1635. ... K <input type="checkbox"/> \$1710
NON-PHYSICIANS	Members ... C <input type="checkbox"/> \$ 225. ... L <input type="checkbox"/> \$ 300	Non-Members ... D <input type="checkbox"/> \$ 250. ... M <input type="checkbox"/> \$ 325
RESIDENTS/ FELLOWS**	Members ... E <input type="checkbox"/> \$ 55. ... N <input type="checkbox"/> \$ 55	Non-Members ... F <input type="checkbox"/> \$ 160. ... O <input type="checkbox"/> \$ 160
STUDENTS*	Members ... G <input type="checkbox"/> \$ 20. ... P <input type="checkbox"/> \$ 20	Non-Members ... H <input type="checkbox"/> \$ 90. ... Q <input type="checkbox"/> \$ 90
NMA MEMBER EMERITUS	... I <input type="checkbox"/> waived	... R <input type="checkbox"/> waived

* Includes Life Members
 ** A letter from Dean/Dept. Chair verifying status must be included. Identification required for on-site registration. No CME's provided to Fellows/Residents/or students.
 + Registration for members increases to \$650 after 6/15/08

3. 2008 MEMBERSHIP DUES *(Check only one)*
 \$50 EARLY RENEWAL DISCOUNT UNTIL 2/1/08

- Physician/Regular Membership A \$495
- Physician/First Year in Practice B \$215
- Physician/Second Year in Practice C \$345
- Physician/Active Duty Military D \$255
- Associate Membership**
 - Full time Medical Teaching Faculty E \$210
 - Member Non-US Medical Society F \$210
 - Medical Missionary in Non-US Country G \$210
 - Health Professionals (Non-Physician) H \$210
- Resident/Fellow* I \$ 40
- Medical Student* J \$ 20
- Emeritus (Pre-approval required) K waived

* A letter from Dean/Department chair verifying student/resident/fellow status must accompany registration form. Please show student/resident/fellow identification if registering on site.
 ** Only listed categories are eligible for Associate Membership. Associate Members have no voting representation and may not hold office.

• SECTION 2 SUBTOTAL \$ _____
 • SECTION 3 SUBTOTAL \$ _____

SEE PAGE 2 FOR SPECIAL EVENT AND WORKSHOP/SPECIAL SESSION TICKETS

THREE EASY WAYS TO PREREGISTER

Please select one of the following payment methods to avoid double billing. Registrations without full payment will be returned.

- | | | |
|---|---|---|
| <p>① FAX
 703-631-6288
 Fax both sides of this Preregistration Form with your credit card information.</p> | <p>② ON-LINE
 www.NMAnet.org
 Click on the "Registration" button and follow the instructions on-line. You must use your credit card for payment.</p> | <p>③ MAIL TO: NMA Registration Center
 11212 Waples Mill Road, #104
 Fairfax, Virginia 22030
 Mail BOTH sides of Form with check made payable to NMA or credit card information.</p> |
|---|---|---|

CREDIT CARD INFORMATION – American Express VISA MasterCard Discover Diners
 Card Number _____ Exp. Date _____
 Cardholder (PRINT) _____ Signature _____

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4. SPECIAL SESSION/WORKSHOP REGISTRATION/FEES (*Registration is required for all Special Sessions Workshops*)

A) Advance Cardiac Life Support PROVIDER Certification (ACLS)

Proof of BLS certification required (Sat. 7/26, 8am-3pm & Sun. 7/27, 8am-12pm)

Member \$150 Non-member \$200 Resident/Fellow \$85 \$ _____

B) Basic Life Support (BLS) / Cardiac Pulmonary Resuscitation (CPR) Special Family Workshop: Heart Saver

(Sat. 8/4 & Sun. 7/26, 9am-11am, 1:00pm-3:00pm)

Member \$40 Non-member \$75 Resident/Fellow \$20 Children \$10 each \$ _____

C) Project IMPACT: Good Clinical Practices & Skills Building Program - the regulatory, the business, and the practical aspects of conducting clinical trials in the minority community. (Fri. 7/25 – Sat. 7/26 7:00am – 5:00pm)

Member \$100 Non-member \$295 Resident/Fellow \$25 \$ _____

D) Health Information Technology Workshop: Computer Training and Electronic Medical Records

(Sat. 7/26 & Sun. 7/27 9am– 12:00pm)

Member \$150 Non-member \$200 Resident/Fellow \$20 \$ _____

E) Billing & Coding from the Perspective of the Practicing OB/GYN Physician (Sat. 7/26, 2008 9:00am – 12:00pm)

Fees are waived... Registration required (Space is limited) \$ _____

F) Ultrasound Guided Regional Anesthesia Workshop (Sat. 7/26, 1:00pm – 5:00 pm)

Member \$100 Nonmember \$150 Resident/Fellow NC \$ _____

G) APPEAL – A Progressive Palliative Care Educational Curriculum for the Care of African Americans at Life's End Certification Course (Sat. 7/26 3:00pm– 5:00pm)

Fees are waived... Registration required (Space is limited) \$ _____

H) Asthma Management Certification Course - Evidence-based Approach to Asthma Management

(Sun. 7/27, 7:00am – 11:30am)

Fees are waived... Registration required (Space is limited) \$ _____

I) Obesity Summit – The Impact of Obesity and Inactivity in Women's Health (Sun. 7/27 3:00pm– 5:00pm)

Fees are waived... Registration required (Space is limited) \$ _____

• SECTION 4 SUBTOTAL \$ _____

5. POST CONVENTION REGISTRATION

2008 Post Convention – Marco Island, Florida

Marco Island Marriott Beach Resort

Thursday evening, July 31st Registration and Welcome Reception

Friday, August 1 – Sunday, August 3, 2008 8am-12pm (daily)

Member \$100 Non-member \$200 Resident/Fellow NC \$ _____

Hotel Reservations please call 1-800-228-9290 or 239-394-2511. Rate is \$159.00 per night plus tax.

• SECTION 5 SUBTOTAL \$ _____

6. SPECIAL EVENTS TICKETS

A. Council & Concerns of Women Physicians Luncheon (Sun. 7/27) × \$ 75 = \$ _____

B. NMA Scholarship Fundraiser (Sun. 7/27) × \$150 = \$ _____

C. President's Ball (Tues. 7/29) × \$150 = \$ _____

• SECTION 6 SUBTOTAL \$ _____

GRAND TOTAL (Add Sections 1–6) \$ _____

NOTICE: Convention attendees can order motorized scooters. Scooters can be ordered for the length of the convention by contacting Scoot Around at 1-888-441-7575 and reference the NMA when placing an order.

TO PROCESS REGISTRATION, SEE BOTTOM OF PAGE 1