

# PREREGISTRATION FORM – PAGE 1

**NO PREREGISTRATIONS WILL BE ACCEPTED (VIA FAX OR POSTMARKED) AFTER JUNE 15, 2009.**  
 After that date, all registrations must take place on site. Cancellations must be in writing and postmarked  
 by June 15, 2009 to receive a full refund less a \$50 service charge. **No refunds after July 1, 2009.**

**I. 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+
- No. of Years in Medical Practice \_\_\_\_\_
- Board Certified \_\_\_\_\_
- Year Degree Conferred \_\_\_\_\_
- 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 Medicine         | 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 2009*

	<b>PREREGISTRATION</b> <i>(Through 5/15/09)</i>	<b>REGULAR</b> <i>(After 5/15/09)*</i>
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 6/15/09**

• SECTION 2 SUBTOTAL ..... \$ \_\_\_\_\_

**3. 2009 MEMBERSHIP DUES** *(Check only one)*

- 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
  - International . . . . .I  \$210
  - Resident/Fellow\* . . . . .J  \$ 40
  - Medical Student\* . . . . .K  \$ 20
  - Emeritus (Pre-approval required) . . . . .L  waived
  - First Time Member . . . . .M  \$250

- \* 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 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.

**① FAX**

**703-631-6288**

Fax both sides of this Preregistration Form with your credit card information.

**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.

**③ MAIL TO: NMA Registration Center**

**11208 Waples Mill Road, #112  
 Fairfax, Virginia 22030**

Mail BOTH sides of Form with check made payable to NMA or credit card information.

**CREDIT CARD INFORMATION** –  American Express  VISA  MasterCard  Discover  Diners

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_

# PREREGISTRATION FORM – PAGE 2

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

**A) Advance Cardiac Life Support PROVIDER Certification (ACLS)**

*Proof of BLS certification required (Sat. 7/25, 8:00am – 3:00pm & Sun. 7/26, 8:00am – 12:00pm)*

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

**B) Basic Life Support (BLS)/Cardiac Pulmonary Resuscitation (CPR) Special Family Workshop: Heart Saver (Sat. 7/25 & Sun. 7/26, 9am – 11am, 1:00pm – 3:00pm)**

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

*(For BLS and PALS see PALS)*

**C) Pediatric Advance Life Support (PALS) Course\* (Sat. 7/25, 7:30am – 4:00pm & Sun. 7/26, 8:00am – 12:00pm)**

*\*BLS Certification is required. BLS offered for additional \$25*

Member \$200    Resident \$50    PALS BLS \$25   .....\$ \_\_\_\_\_

**D) Project IMPACT/Clinical Trials (Fri. 7/24 & Sat. 7/25, 8:00am – 5:00pm)**

*Registration Required*

Fees are waived

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

**(Sat. 7/25 & Sun. 7/26, 9:00am – 12:00pm)**

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

**F) Minimally Invasive Surgery – Laparoscopy (Sat. 7/25, 9:00am – 4:00pm)**

Fees are waived for Ob-Gyn section members    Onsite Ob-Gyn section members \$50    All Others \$150 ..\$ \_\_\_\_\_

**G) Hysteroscopic Sterilization & Levonorgestrel & Other Intrauterine Devices**

**Global Endometrial Ablation & Electrical Surgical Hysteroscopic Devices (Sat. 7/25, 9:00am – 4:00pm)**

Fees are waived for Ob-Gyn section members    Onsite Ob-Gyn section members \$50    All Others \$150 ..\$ \_\_\_\_\_

**H) Health Information Technology Workshop (Sat. 7/25 - Wed. 7/29, 8:00am – 9:30am)**

Members \$150    Non-members \$200    Resident/Fellow \$20   .....\$ \_\_\_\_\_

**• SECTION 4 SUBTOTAL** .....\$ \_\_\_\_\_

**5. SPECIAL EVENTS TICKETS**

A.  Council & Concerns of Women Physicians Luncheon (Sun. 7/26) ..... × \$ 75 = \$ \_\_\_\_\_

B.  NMA Scholarship Fundraiser: *Lion King* Performance (Sun. 7/26) ... × \$150 = \$ \_\_\_\_\_

C.  President's Ball (Tues. 7/28) ..... × \$150 = \$ \_\_\_\_\_

**• SECTION 5 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 **Desert Medical Equipment at 1-866-711-9171 and reference the NMA when placing an order.***

*Please note that while the convention center and hotel are together this year, there is a considerable distance from the hotel to the convention center. A scooter is suggested for those that have difficulty walking.*

**TO PROCESS REGISTRATION, SEE BOTTOM OF PAGE 1**