

# PREREGISTRATION FORM – PAGE 1

**NO PREREGISTRATIONS WILL BE ACCEPTED (VIA FAX OR POSTMARKED) AFTER JUNE 15, 2010.**  
 After that date, all registrations must take place on site. Cancellations must be in writing and postmarked by June 15, 2010 to receive a full refund less a \$50 service charge. **No refunds after July 1, 2010.**

**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) \_\_\_\_\_ • No. of Years in Medical Practice \_\_\_\_\_
- Primary Medical Specialty \_\_\_\_\_ • Board Certified \_\_\_\_\_
- School Attended \_\_\_\_\_ • Year Degree Conferred \_\_\_\_\_
- 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 Medicine      | G <input type="checkbox"/> Emergency Medicine      | N <input type="checkbox"/> Orthopaedics                       | T <input type="checkbox"/> Post Graduate                        |
| B <input type="checkbox"/> Allergy & Immunology               | H <input type="checkbox"/> Family Medicine         | O <input type="checkbox"/> Otolaryngology                     | U <input type="checkbox"/> Psychiatry & The Behavioral Sciences |
| C <input type="checkbox"/> Anesthesiology                     | I <input type="checkbox"/> Internal Medicine       | P <input type="checkbox"/> Pathology                          | V <input type="checkbox"/> Radiology                            |
| D <input type="checkbox"/> Basic Science                      | J <input type="checkbox"/> Medical Administrators  | Q <input type="checkbox"/> Pediatrics                         | W <input type="checkbox"/> Surgery                              |
| E <input type="checkbox"/> Community Medicine & Public Health | K <input type="checkbox"/> Neurology/Neurosurgery  | R <input type="checkbox"/> Physical Medicine & Rehabilitation | X <input type="checkbox"/> Urology                              |
| F <input type="checkbox"/> Dermatology                        | L <input type="checkbox"/> Obstetrics & Gynecology | S <input type="checkbox"/> Plastic & Reconst. Surg.           | Y <input type="checkbox"/> Women's Health                       |
|   | M <input type="checkbox"/> Ophthalmology           |   |   |

**2. REGISTRATION FEES** *(Check only one)*

*IN ORDER TO REGISTER AT MEMBER RATES, MEMBERSHIP MUST BE CURRENT FOR 2010*

**PREREGISTRATION (Through 3/15/10)      REGULAR (After 3/15/10)\***

PHYSICIANS	Members* . . . . .A <input type="checkbox"/> \$ 525 . . . . .J <input type="checkbox"/> \$ 600	Non-Members . . . . .B <input type="checkbox"/> \$1685 . . . . .K <input type="checkbox"/> \$1760	
NON-PHYSICIANS	Members . . . . .C <input type="checkbox"/> \$ 275 . . . . .L <input type="checkbox"/> \$ 350	Non-Members . . . . .D <input type="checkbox"/> \$ 300 . . . . .M <input type="checkbox"/> \$ 375	
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  waived . . . . .R  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.

*Please see page 2 for on site fees*

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

**3. 2010 MEMBERSHIP DUES** *(Check only one)*

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

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## 4. SPECIAL SESSIONS AND WORKSHOPS *(additional registration required)*

### A) Advanced Cardiac Life Support (ACLS) Re-certification Course (Sat. 7/31, 11:00am – 5:00pm)

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

*\*Proof of BLS certification required.*

### B) American Academy of Orthopaedic Surgeons (AAOS) Communications Course (Sun. 8/1, 1:00pm – 5:30pm)

Fees are waived, advanced registration required. .... \$ \_\_\_\_\_

*\*Registration minimum of 6, maximum of 30.*

### C) Basic Laparoscopy and Ventral Hernia Course – General Surgery Section (Sat. 7/31, 7:30am – 11:00am)

Fees are waived, advanced registration required. .... \$ \_\_\_\_\_

### D) Basic Life Support (BLS) Course (Sat. 7/31, 8:00am – 11:00am)

Member: \$40    Non-member: \$75    Student/Resident/Fellow: \$20 ..... \$ \_\_\_\_\_

### E) Good Clinical Practices and Skills Building Course (Fri. 7/30 & Sat. 7/31, 8:00am – 5:00pm each day)

Member: \$200    Non-member: \$395    Student/Resident/Fellow: \$50 ..... \$ \_\_\_\_\_

### F) Ob-Gyn Advanced Hands-on Live Surgical Workshop & Wet Lab with Robotic Intervention (Sun. 8/1, 8:00am – 5:00pm)

Member: \$250    Non-member: \$350 ..... \$ \_\_\_\_\_

*\*Registration limited to the first 60 paid registrants. Activity to take place at a local hospital.*

### G) Pediatrics Advance Life Support (PALS) Course (Sat. 7/31, 7:30am – 5:00pm)

Member: \$125    Non-member: \$150    Student/Resident/Fellow: \$35 ..... \$ \_\_\_\_\_

*\*Proof of BLS certification required*

### H) Practicing Urologists Ultrasound Workshop (Mon. 8/2, 1:00pm – 3:00pm)

Fees are waived, advanced registration required. .... \$ \_\_\_\_\_

### I) Diabetes Management Symposium & Certification Workshop (Sat. 7/31, 7:00am – 12:00pm)

Fees are waived, advanced registration required. .... \$ \_\_\_\_\_

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

## 5. SPECIAL EVENTS TICKETS

A.  Council & Concerns of Women Physicians Luncheon (Sun. 8/1) ..... × \$ 75 = \$ \_\_\_\_\_

Tables ..... × \$ = \$ \_\_\_\_\_

B.  President's Ball (Tues. 8/3) ..... × \$150 = \$ \_\_\_\_\_

Donate to Scholarship Fund ..... × \$ = \$ \_\_\_\_\_

• **SECTION 5 SUBTOTAL** ..... \$ \_\_\_\_\_

**GRAND TOTAL (Add Sections 1–5)** ..... \$  

**On site fees beginning June 15, 2010 will be as follows:**

#### PHYSICIANS

Members ..... \$650

Non-Members ..... \$1810

#### NON-PHYSICIANS

Members ..... \$ 400

Non-Members ..... \$425

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