

# PMMA Registration Form

34<sup>th</sup> Annual Clinical Conference, Breezy Point Resort, Breezy Point, MN, August 16-19, 2012

## Participant Information

Name \_\_\_\_\_ Title: \_\_\_\_\_  
(Enter name as you would like it to appear on your name tag, certificate and attendance sheets.)  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  Home  Office  
E-mail: \_\_\_\_\_

## Payment Information – we are now offering online payment of dues and CME registration.

Please visit our website at [www.phmma.org](http://www.phmma.org). E-mail us at [info@phmma.org](mailto:info@phmma.org).

### - On or before August 1, 2012

CME Registration ..... \$ \_\_\_\_\_  
 \$300 Physicians, members  
 \$350 Physicians, non-members  
 \$150 RN, NP, Allied Health Professionals  
 \$100 Residents, Retired physician and nurses (for meals)  
 Complimentary for Medical Students

### - After August 1, 2012

CME Registration ..... \$ \_\_\_\_\_  
 \$325 Physicians, members  
 \$375 Physicians, non-members  
 \$175 RN, NP, Allied Health Professionals  
 \$125 Residents, Retired physicians and nurses (for meals)  
 Complimentary for Medical Students

### Other Activities:

Friday Night Picnic ..... \$ \_\_\_\_\_  
 \$15 (ages 16 and older) x \_\_\_\_\_ persons = \_\_\_\_\_  
 \$10 (ages 4-15) x \_\_\_\_\_ persons = \_\_\_\_\_  
 FREE (ages 3 and younger) \_\_\_\_\_ persons

Saturday Night Dinner-Dance ..... \$ \_\_\_\_\_  
 \$40 (ages 16 and older) x \_\_\_\_\_ persons = \_\_\_\_\_  
 \$15 (ages 4-15) x \_\_\_\_\_ persons = \_\_\_\_\_  
 FREE (ages 3 and younger) \_\_\_\_\_ persons

Membership Dues (optional) \$150 ..... \$ \_\_\_\_\_

Tax-Deductible Contribution to the 2014 Medical Mission ..... \$ \_\_\_\_\_  
PMMA Tax ID # 32-0023-7403

TOTAL ..... \$ \_\_\_\_\_

Please register online OR send completed registration form and check made payable to PMMA to:

Dr. Maria Lapid, PMMA Treasurer  
1598 Redwood Lane SW, Rochester, MN 55902