

PMMA Registration Form

35th Annual Clinical Conference, Breezy Point Resort, Breezy Point, MN, August 15-18, 2013

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. E-mail us at info@phmma.org.

-On or before August 1, 2013

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, 2013

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

Membership Dues: \$ _____

Please select any of the following categories that describe your practice and pay accordingly:

- \$150.00 Active Practice
- \$75.00 Retired, with part time practice
- \$50.00 Fully Retired
- \$25.00 or less (upon request) – Honorary

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. Joseph Kalugdan, PMMA Treasurer
6479 Hedgcroft Ave S
Cottage Grove, MN 55016