

PMMA Registration form
38th Annual Clinical Conference

Kalahari Resort, Wisconsin Dells, August 11-14, 2016

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 5, 2016

CME Registration \$ _____

- \$300 Physicians, members
- \$350 Physicians, non-members
- \$100 RN, NP, Allied Health Professionals
- \$100 Residents, Retired/Semi-Retired physician and nurses (for meals)
- Complimentary for Medical Students

Other Activities:

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 for prospective PMMA allied professionals

Tax-Deductible Contribution to PMMA \$ _____

PMMA Tax ID # 32-0023-7403

TOTAL \$ _____

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

Dr. Shoua Theresa Thao Kaluodan, PMMA Treasurer

Cottage Grove, MN 55016