

PMMA Registration Form
40th Annual Clinical Conference
 Treasure Island Resort, August 16-18 2018

Participant Information

Name _____ Title _____
 Specialty _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Home Office
 Email _____

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 10, 2018.

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:

Bowling _____ No. of attendees _____ **FREE**

Spirit of the Water River Cruise and Dinner _____ \$ **PAY TO RESORT**
 Call 888-867-7829 to reserve with the resort

- \$26.95 ages 13 and up
- \$22.95 ages 3 to 12

Dinner Dance _____ \$ _____

- \$40 ages 16 and up x _____ persons = + _____
- \$15 ages 4 to 15 x _____ persons = + _____
- FREE ages 3 and below x _____ persons

Membership Dues

Membership Dues _____ \$ _____

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

- \$150 Active practice
- \$75 Retired, with part time practice
- \$50 Fully retired
- \$25 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 Kalugdan, PMMA Treasurer
 6479 Hedgecroft Ave., S
 Cottage Grove, MN 55016

For special dietary requests or if registering after August 10, please email info@phmma.org.