

NMA REGION V/VI ANNUAL CONFERENCE REGISTRATION FORM

MAUI, HAWAII May 5 - 8, 2011

Email Form to: Alex Johnson ▪ ajohnson@nmanet.org OR Fax Form to: 301- 495-0359

Name _____ Title _____

Name/Company _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Fax () _____ Email _____

Mandatory

Wailea Beach Marriott Hotel Room rates start at \$190.00 **Space is Limited Book Now!!**

For Hotel Reservations visit <https://resweb.passkey.com/go/nmar6> ▪ By Phone 1-800-266-9432

Please Indicate if you will attend opening reception Thursday, May 5, 2011 6:30 pm. Yes ___ No ___

Registration fee includes: programs, opening reception, 2 breakfast programs and 2 lunch programs

Registration Fee(s) <i>Please circle</i>	Pre-Registration April 30, 2011*	On-site registration
Physician (NMA member)	\$150	\$175
Physician (Non NMA member)	\$175	\$200
Guest/ANMA	\$75	\$100
Nurses/Allied Health	\$100	\$125
Intern/Resident/Fellow	\$25	\$50
Medical Student	\$Free(w/ID)	\$25(w/ID)
Local Physicians (per day)	\$75	\$75
Banquet Luau open bar	\$69/pp x # attending =	\$69/pp x # attending =
TOTAL		

**Pre-Registration Deadline: April 30, 2011 ▪ Signed Form must be faxed/emailed to NMA.*

For information on Exhibit Booths and/or Exhibit registration please email vashtihen@aol.com or call 301.765.678

Credit Card Payment : AX ___ Visa ___ MC ___ Diners ___

A/C # _____ V code _____ Exp. Date ____/____/____

I authorize NMA to charge my credit card in the amount of \$ _____

Signature _____ Date _____