



PMMA Registration Form

32nd Annual Clinical Conference, Sugar Lake Lodge, Grand Rapids, MN ; August 11-15, 2010

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: _____ Fax: _____

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, 2010

CME Registration

- \$300 Physicians, members
- \$350 Physicians, non-members
- \$150 RN, NP, Allied Health Professionals
- \$100 Residents, Retired physicians and nurses (for meals and syllabus)
- Complimentary for medical students

\$ _____

Dinner Dance

- \$40 (16 and older) x _____ persons = _____
- \$15 (4 to 15 y.o.) x _____ persons = _____
- Free (< 3 y.o.) x _____ persons

\$ _____

- After August 1, 2010

CME Registration

- \$325 Physicians, members
- \$375 Physicians, non-members
- \$175 RN, NP, Allied Health Professionals
- \$125 Residents, Retired physicians and nurses (for meals and syllabus)
- Complimentary for medical students

\$ _____

Dinner Dance

- \$45 (16 and older) x _____ persons = _____
- \$15 (4 to 15 y.o.) x _____ persons = _____
- Free (< 3 y.o.) x _____ persons

\$ _____

Membership Fee

- \$150 Physicians
- Free for medical students and residents

\$ _____

Tax Deductible Contribution to the 2010 Medical Mission

Tax ID # 32-003-7403

\$ _____

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