

PMMA Registration Form

37th Annual Clinical Conference, Kalahari Resort, Wisconsin Dells, Wisconsin, August 6-9, 2015

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

-On or before August 1, 2015

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, 2015

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:

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 associate members

Tax-Deductible Contribution to the 2015 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. Sigrid Precilla, PMMA Treasurer

PMMA Office

PCM Building – 2nd Floor, 1380 frost Ave., Maplewood, MN 55109