



PERSONAL INFORMATION Please print and check all appropriate boxes. If you photocopy this form, be sure to **complete both sides**.

Member Identification Number		NPI Number
.....		
Last Name	First Name	MI
.....		
Preferred Mailing Address		
.....		
City	State	ZIP
.....		
Telephone	Cellular	Fax
.....		
Email	Age: <input type="checkbox"/> 20s <input type="checkbox"/> 30s <input type="checkbox"/> 40s <input type="checkbox"/> 50s <input type="checkbox"/> 60+	<input type="checkbox"/> Male <input type="checkbox"/> Female
.....		
Professional Degree(s): <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> D.P.M. <input type="checkbox"/> Other (specify)		
.....		
No. of Years in Medical Practice	Primary Medical Specialty	
.....		
Degree(s) and Year(s) Conferred		Board Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
.....		

INTEREST GROUP OR SECTION Which section will you primarily attend? **Please select one.** Registration will not be processed without a selection.

- | | | | |
|----------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Aerospace & Military Medicine | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Orthopaedic Surgery | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Allergy, Asthma, & Immunology | <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Postgraduate Physician |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Pathology | <input type="checkbox"/> Psychiatry and
the Behavioral Sciences |
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Community Medicine
& Public Health | <input type="checkbox"/> Neurology / Neurosurgery | <input type="checkbox"/> Physical Medicine & Rehabilitation | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Obstetrics & Gynecology | <input type="checkbox"/> Physician Executives | <input type="checkbox"/> Women's Health |
| | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Plastic & Reconstructive Surgery | |

REGISTRATION FEES (Check one) Dues must be current for 2017 in order to receive member rates. See next section for member dues.

		Early Bird (Through June 6, 2017)	Regular (June 7–July 11, 2017)
MD/DO/DPM	Members	<input type="checkbox"/> \$525	<input type="checkbox"/> \$600
	Non-Members	<input type="checkbox"/> \$1685	<input type="checkbox"/> \$1760
Non-Physician	Members	<input type="checkbox"/> \$275	<input type="checkbox"/> \$350
	Non-Members	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375
Residents/Fellows*	Members	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55
	Non-Members	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160
Students*	Members	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
	Non-Members	<input type="checkbox"/> \$90	<input type="checkbox"/> \$90
NMA Member Emeritus		<input type="checkbox"/> waived	<input type="checkbox"/> waived

2017 MEMBERSHIP DUES (Check one)

Physician & NPMA Regular Membership	<input type="checkbox"/> \$495	First Time Member	<input type="checkbox"/> \$250
Physician First Year in Practice	<input type="checkbox"/> \$215	Associate Membership**	
Physician Second Year in Practice	<input type="checkbox"/> \$345	Full Time Medical Teaching Faculty	<input type="checkbox"/> \$210
Physician Active Duty Military	<input type="checkbox"/> \$255	Member Non-US Medical Society	<input type="checkbox"/> \$210
Resident/Fellow*	<input type="checkbox"/> \$40	Allied/Health Professionals (Non-Physician)	<input type="checkbox"/> \$210
Medical Student*	<input type="checkbox"/> \$20	International	<input type="checkbox"/> \$210

* A letter from Dean/Department Chair verifying student/resident/fellow status must accompany registration form. Please present student/resident/fellow identification when registering onsite.

** Only listed categories are eligible for Associate Membership. Associate members have no voting representation and may not hold office.

REGISTRATION (continued)

Member Name

SPECIAL SESSIONS AND WORKSHOPS (additional registration required)

Check the website frequently for updates to this list.

Advanced Cardiac Life Support (ACLS) Re-certification Course

(E-Learning Option for Cognitive Portion with Onsite Skills Test)

Sat 7/29, 3:30 pm – 5:30 pm

Sun 7/30, 8:00 am – 12:00 pm (testing only)

- \$100 members* \$175 non-members*
 \$85 Students/Residents*

**Please note that the fee covers only the NMA onsite skills testing, registrants are required to first complete the AHA HeartCode ACLS Part 1 online course – an additional \$132. Proof of BLS is required.*

Advanced Cardiac Life Support (ACLS) Re-certification Course

(Onsite Instructor Lead Cognitive and Skills Tests)

Sat 7/29, 1:00 pm – 5:30 pm

Sun 7/30, 8:00 am – 12:00 pm (testing only)

- \$200 members \$275 non-members
 \$120 Students/Residents

Proof of BLS is required. Participation in both day 1 and day 2 mandatory.

Annual Young Physician Luncheon (Postgraduate Physician)

Mon. 7/31, 1:00 pm – 3:30 pm

- \$20

Basic Life Support (BLS) for Providers

(E-Learning Option for Cognitive Portion with Onsite Skills Test)

Sat 7/29, 8:00 am – 12:30 pm

- \$45 members* \$75 non-members*
 \$20 Students/Residents*

**Please note that the fee covers only the NMA onsite skills testing, registrants are required to first complete the AHA HeartCode BLS Part 1 online course—an additional \$28.50.*

Basic Life Support (BLS) for Providers

(Onsite Instructor Lead Cognitive and Skills Tests)

Sat 7/29, 8:00 am – 12:30 pm

- \$50 members \$100 non-members
 \$30 Students/Residents

Pediatric Advanced Life Support (PALS)

Sat 7/29, 7:30 am – 4:30 pm

- \$150 members \$200 non-members
 \$50 Students/Residents

Proof of BLS is required.

SPECIAL EVENTS TICKETS

- | | |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> President's Ball - Tues. 8/1 (individual of tickets) x \$175 | <input type="checkbox"/> Council on the Concerns of Women Physicians Program (Sun. 7/30) |
| <input type="checkbox"/> President's Ball - Tues. 8/1 (table of 10) x \$1,750 | Individual (# of tickets) x \$100 (or \$125/on-site) |
| <input type="checkbox"/> Donate to the NMA \$ | CCWP Program Table of 10 (# of tables) x \$1,500 |

PAYMENT INFORMATION *Registration without full payment will be returned.*

Grand Total (Add All Fees) \$

Attendee Name:

Payment Method: American Express VISA MasterCard Discover Diners Check (payable to: National Medical Association)

Card Number:

Security Code:

Exp. Date:

Cardholder Name (Print):

Signature:

Cancellations must be in writing and postmarked by July 11, 2017 to receive a full refund less a \$50 service charge. No refunds after July 11, 2017. NMA Membership Dues and NMA Donations are not refundable.

SUBMIT YOUR REGISTRATION

Fax to: 972-349-7715, or **Email:** nma@wyndhamjade.com, or **Call:** 1-866-210-5133

Mail To: ATTN: Convention Registration Center, National Medical Association, PO Box 418146, Boston, MA 02241-8146