

Orientation to Medical Missions

April 23 – 25, 2010
CMDA Conference Center – Bristol, Tennessee

Name: _____

Constit ID: _____ Badge Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Office Phone: (_____) _____ Office Fax: (_____) _____

Home Phone: (_____) _____ E-mail Address: _____

Special ADA Needs: _____

My spouse is attending

Spouse's Name: _____ Spouse's Badge Name: _____

Registration Fees:

- | | | | |
|-------------------------------------------|-------|-----------------------------------------------------|-------|
| <input type="checkbox"/> Graduate Doctor | \$195 | <input type="checkbox"/> Spouse of Graduate Doctor | \$170 |
| <input type="checkbox"/> Resident/Student | \$125 | <input type="checkbox"/> Spouse of Resident/Student | \$110 |

Payment Options:

- Check Payment Total \$ _____
- Credit Card MasterCard VISA American Express Payment Total \$ _____

Name on Card: _____

Billing Address: _____

Card Number: _____ Expiration Date: ____/____/____

Signature: _____

Submit Registration

Please submit with payment by fax or mail.

Fax: 423-844-1017

Mail: CMDA
Melinda Mitchell
PO Box 7500
Bristol, TN 37621

Office Use Only
Date Received: ____/____/____
Date Processed: ____/____/____
Confirmation Packet: ____/____/____