

Pre-Registration Form 11th Annual Cardiovascular Retreat

Name *(please print)* _____

FOMA Member: yes / no District Society 2 Member: yes / no

Florida License # _____ AOA # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Specialty _____

E-mail Address _____

REGISTRATION FEE SCHEDULE

- | | |
|--|---------------------------------|
| FOMA Member & District 2 Member | <input type="checkbox"/> no fee |
| FOMA Member & Member of any other FOMA District | <input type="checkbox"/> \$ 150 |
| FOMA Member & Eligible for District 2 Membership | <input type="checkbox"/> \$ 100 |
| RN's & PA's | <input type="checkbox"/> \$ 200 |
| Residents & Medical Students | <input type="checkbox"/> no fee |
| All others | <input type="checkbox"/> \$ 300 |

DINNER PROGRAMS

Please note: Spouses/Guests are welcome to attend all meal functions at no additional charge.
Please indicate below if your spouse or guest will be attending

Thursday, April 15th # ___ Friday, April 16th # ___ Saturday, April 17th # ___

Guest's Name: _____

Method of Payment: Check (payable to the FOMA) MC AMEX VISA

Card Number _____ Exp. Date _____

Signature _____ V-Code _____

Credit Card Billing Address (if different from above) _____

Please make your check payable to the FOMA

Mail your registration to the FOMA

The Hull Building ♦ 2007 Apalachee Parkway ♦ Tallahassee, FL 32301

Or fax this form to the FOMA at (850) 942-7538