



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

<b>Member Identification Number</b>		<b>NPI Number</b>
.....		
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<br>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<br>& 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

Onsite fees beginning  
July 12 will be as follows:

**Physicians:**  
Members . . . . . \$650  
Non-Members . . . \$1810

**Non-Physicians:**  
Members . . . . . \$400  
Non-Members . . . \$575

**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

### Healing the Healer Through Mindfulness: An Innovative Evidence-Based Approach to Stress Reduction

Sat 7/29, 8:00 am – 12:30 pm

- \$50 members     \$100 non-members

### NMA Paint & Sip 2017

Mon 7/31, 2:30 pm – 4:00 pm

- \$5

### 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.**

### Scholarly Publishing & Promotion: Tips from Journal of the National Medical Association

Mon 7/31 4:00 pm – 5:30 pm

**Fees waived, advance registration 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