

Annual Convention and Scientific Assembly



National
Medical
Association

Honolulu,
HAWAII

JULY 27-31, 2019

Personal Information

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

Your 5-Digit 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
No. of Years in Medical Practice		Primary Medical Specialty	
Degree(s) and Year(s) Conferred: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> D.P.M. Other (specify)			
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"/> Internal Medicine | <input type="checkbox"/> Physician Executives |
| <input type="checkbox"/> Allergy, Asthma, & Immunology | <input type="checkbox"/> Neurology / Neurosurgery | <input type="checkbox"/> Plastic & Reconstructive Surgery |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Obstetrics & Gynecology | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Postgraduate Physician |
| <input type="checkbox"/> Community Medicine & Public Health | <input type="checkbox"/> Orthopaedic Surgery | <input type="checkbox"/> Psychiatry and the Behavioral Sciences |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pathology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Physical Medicine & Rehabilitation | |

Registration Fees

(Check one) Dues must be current for 2019 in order to receive member rates. See next section for member dues.

		Early Bird (Through June 9, 2019)	Regular (June 10–July 14, 2019)	Onsite (Beginning July 15, 2019)
MD/DO/DPM	Members	<input type="checkbox"/> \$525	<input type="checkbox"/> \$600	\$650
	Non-Members	<input type="checkbox"/> \$1685	<input type="checkbox"/> \$1760	\$1810
Non-Physician	Members	<input type="checkbox"/> \$275	<input type="checkbox"/> \$350	\$400
	Non-Members	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375	\$575
Active Duty Military ^{††}	Members	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$150
	Non-Members	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	\$250
Residents/Fellows*	Members	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55	\$55
	Non-Members	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	\$160
Students*	Members	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	\$20
	Non-Members	<input type="checkbox"/> \$90	<input type="checkbox"/> \$90	\$90
Guest		<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	\$50
NMA Member Emeritus		<input type="checkbox"/> waived	<input type="checkbox"/> waived	waived

2019 Membership Dues

(Check one)

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

* \$50.00 discount applied if you renew by February 18, 2019; excludes residents, fellows, students, and first time members.

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

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

†† Must present a valid US military identification at time of registration.

Registration Continued

Member Name _____

Special Sessions

(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 7/27, 3:30 pm–5:30 pm

Sun 7/28, 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 7/27, 1:00 pm–5:30 pm

Sun 7/28, 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.

Basic Life Support (BLS) for Providers

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

Sat. 7/27, 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. 7/27, 8:00 am–12:30 pm

☐ \$50 members

☐ \$100 non-members

☐ \$30 Students/Residents

NMA Paint & Sip 2019

Mon. 7/29, 2:00 pm–3:30 pm

☐ \$20

Walk a Mile with a Child

Sat. 7/27, 8:00 am–10:30 am

☐ Free - # participating: _____

SPECIAL EVENTS TICKETS

(Additional registration required.) Check the website frequently for updates to this list.

<input type="checkbox"/> President's Ball - Tues, 7/30 (individual of tickets)	x \$175
<input type="checkbox"/> President's Ball - Tues, 7/30 (table of 10)	x \$1,750
<input type="checkbox"/> Donate to the NMA	\$
<input type="checkbox"/> Council on the Concerns of Women Physicians Program (Sun 7/28) :	
Individual (# of tickets)	x \$100 (or \$125/on-site)
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 ☐ MasterCard ☐ VISA ☐ 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 14, 2019 to receive a full refund less a \$50 service charge. No refunds after July 14, 2019. 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