

JULY 17-21, 2021

2021 VIRTUAL CONVENTION & SCIENTIFIC ASSEMBLY REGISTRATION FORM

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: 20s 30s 40s 50s 60+ Male Female

No. of Years in Medical Practice _____ Primary Medical Specialty _____

Degree(s) and Year(s) Conferred: M.D. D.O. D.P.M. Other (specify) _____

School Attended _____ Board Certified: Yes No

EDUCATION TRACKS

Please indicate education track(s) that you plan to participate in. **Registration will not be processed without a selection.**

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

REGISTRATION/ ACCESS FEES

(Check one)

Dues must be current for 2021 in order to receive member rates. See next section for member dues.

MD/DO/DPM	Members	<input type="checkbox"/> \$75
	Non-Members	<input type="checkbox"/> \$695
Non-Physician		<input type="checkbox"/> \$75
Active Duty Military		<input type="checkbox"/> \$75
Residents/Fellows		<input type="checkbox"/> waived
Students		<input type="checkbox"/> waived
ANMA		<input type="checkbox"/> \$75
NMA Member Emeritus		<input type="checkbox"/> waived
CME/Certificate Fee		<input type="checkbox"/> \$125

This is in addition to your access fee. Allows registered attendees the ability to claim CME credit for their participation in eligible virtual sessions.

2021 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 | waived | <input type="checkbox"/> Allied/Health Professionals (Non-Physician)..... | \$210 |
| <input type="checkbox"/> Medical Student | \$20 | <input type="checkbox"/> International | \$210 |

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

SPECIAL SESSIONS

(Additional registration required.)

Check the website frequently for updates to this list.

Opening & Award Ceremony

Fri. 7/16, 6:00 pm–8:00 pm

Free

Edward C. Mazique Symposium

Sat. 7/17, 12:00–1:30 pm

Free

W. Montague Cobb Lecture & Symposium

Sun. 7/18, 2:00 pm–4:00 pm

Free

125th Anniversary Celebration

Fri. 7/16, 8:00 pm –9:30 pm

Free

Edith Irby Jones Plenary Session

Sun. 7/18, 12:00–1:30 pm

Free

President's Installation

Mon. 7/19, 6:00–7:30 pm

Free

Walk a Mile with a Child

Sponsored by Mind-Body

Quick Fitness Fixes

Throughout the Meeting

Free

Council on Concerns of Women Physicians

Sun. 7/18, 1:30 pm–3:00 pm

Free

DONATE TO NMA

Donate - General: \$ _____ 125th Anniversary: \$ _____ Scholarship: \$ _____ Section: (Name: _____) \$ _____

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 June 29, 2021 to receive a full refund less a \$25 service charge. No refunds after June 29, 2021. NMA Membership Dues and NMA Donations are not refundable.

SUBMIT YOUR REGISTRATION

Fax to:

972-349-7715, or Email: nma@mcievents.com, or Call: 1-866-210-5133

Mail To:

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

Please visit <http://convention.nmanet.org> for updates and additional information.

125th Anniversary items available at <http://www.nmanet.org> - under the "Events/125th" tab.