



# 2017 REGISTRATION FORM

**Yes, I would like to register now!**

www.bestcarepractices.org

2017 Registration Form

Registration – Choose 1	<input type="checkbox"/> <b>Paid-up members: Full registration*</b> (choose one) <input type="radio"/> FMDA, <input type="radio"/> NADONA, <input type="radio"/> FL-GAPNA, or <input type="radio"/> FGS ..... <b>\$355</b>
	<input type="checkbox"/> <b>* New/renewing FMDA members: Full registration*</b> (includes \$75 for annual dues for General and AHPRC members) ... <b>\$430</b>
	<input type="checkbox"/> <b>Non-member Practitioners: Full registration*</b> ..... <b>\$485</b>
	<input type="checkbox"/> <b>Unlicensed registrants: Full registration*</b> includes Organizational Affiliate Membership ..... <b>\$575</b>
	<input type="checkbox"/> <b>Physician Fellows, Interns, and Residents</b> in geriatrics, family practice, or internal medicine ( <b>Full registration*</b> ) .... <b>\$85</b>
	<input type="checkbox"/> <b>Full-Time Students:</b> MD/DO/PA/NP/RN/PharmD/RPh/NHA or ALF administrator ( <b>Full registration*</b> ) ..... <b>\$85</b>
Single-Day	<input type="checkbox"/> <b>Friday-only Registration:</b> Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, product theaters, and reception .... <b>\$200</b>
	<input type="checkbox"/> <b>Saturday-only Registration:</b> Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, and reception ..... <b>\$200</b>
	<input type="checkbox"/> <b>Sunday-only Registration:</b> Includes breakfast, educational sessions, and contact hours ..... <b>\$125</b>
Optional	<b>Pre-conference Day: October 12: Scheduled Product Theaters are included at no additional charge.</b>
	<input type="checkbox"/> <b>Florida Mandatory Licensure Update Courses (Morning)</b> ..... <b>\$40 each</b> <input type="checkbox"/> HIV/AIDS Update (#101, 1-hr.) <input type="checkbox"/> Domestic Violence (#102, 2-hrs.) <input type="checkbox"/> Preventing Medical Errors (#103, 2-hrs.) <input type="checkbox"/> <b>All three (3) Florida Mandatory Licensure Update Courses</b> ..... <b>\$100</b>
	<input type="checkbox"/> <b>3-Hour Intensive Workshop: Survival Guide for the MACRA, MIPS &amp; APMTsunami (#104) (Afternoon):</b> ..... <b>\$105</b>
	<input type="checkbox"/> <b>One-day Trade Show Pass</b> (not intended for vendors) ..... <b>\$75</b>
	<input type="checkbox"/> <b>Handouts:</b> A set of handouts will be ready for you when you arrive at the conference ..... <b>\$85</b>

**\*FULL REGISTRATION:** Fees include attendance at all educational sessions, receptions, planned meals, and Trade Show admission, starting with session #105 on Friday, Oct. 13, through Sunday, Oct. 15, 2017. Sessions #101 through #104 are extra.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Facility Name/Affiliation: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

Please make check payable to "Best Care Practices" and mail to: 400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401

*Our credit card charges are processed by PayPal — PayPal accounts are not required — You may pay as a guest.*  
**Credit Card Information:**  MasterCard  VISA  American Express  Discover

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Security code from the front or back of card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Please Help us Better Process Your Registration** (agenda subject to change)

1. \_\_\_\_ Yes, I would like to make a special meal request, so please contact me. **2. New FMDA members: What is the name of the FMDA member who referred you?** \_\_\_\_\_ **3. \_\_\_\_ Yes, I am a 1<sup>st</sup>-time attendee.** **4. \_\_\_\_ Yes, I would you like to volunteer to be a conference "Ambassador"?** Volunteers will each be assigned to a newcomer prior to the conference, and will be asked to touch base with that person throughout the conference. Ambassadors will also be asked to follow up with the newcomer after the conference, to find out what value he or she derived from it, and to explore how FMDA can benefit him or her on an ongoing basis. \_\_\_\_ **Yes!** **5. NOTE: Due to space limitations, planned conference meals are provided only to registrants. \*Confirm your attendance with the product theaters when you arrive at the conference – first come, first served – as space is limited.**

There will be a \$75 administration fee for all written cancellation requests received on or prior to Sept. 22, 2017. There will be no refunds after Sept. 22, 2017. There is a \$35 charge for all returned checks.  
**(561) 689-6321 • Fax: (561) 689-6324 • www.bestcarepractices.org • Email: icordes@bellsouth.net**

FMDA is a not-for-profit corporation. Its federal tax identification number is 59-3079300.