



2018 REGISTRATION FORM

Yes, I would like to register now!

Registration – Choose 1	<input type="checkbox"/> Paid-up members: Full registration* (choose one) <input type="radio"/> FMDA, <input type="radio"/> NADONA, <input type="radio"/> FL-GAPNA, or <input type="radio"/> FGS	\$330
	<input type="checkbox"/> * New/renewing FMDA members: Full registration* (includes \$90 for annual dues for General and AHPRC members) ...	\$420
	<input type="checkbox"/> Non-member Practitioners: Full registration*	\$465
	<input type="checkbox"/> Unlicensed registrants: Full registration* includes Organizational Affiliate Membership	\$605
	<input type="checkbox"/> Physician Fellows, Interns, and Residents in geriatrics, family practice, or internal medicine (Full registration*)	\$75
	<input type="checkbox"/> Full-Time Students: MD/DO/PA/NP/RN/PharmD/RPh/NHA or ALF administrator (Full registration*)	\$75
	<input type="checkbox"/> Friday-only Registration: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, product theaters, and reception	\$205
	<input type="checkbox"/> Saturday-only Registration: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, and reception	\$205
	<input type="checkbox"/> Sunday-only Registration: Includes breakfast, educational sessions, and contact hours	\$130
	Pre-conference Day: Thursday, Oct. 11: Scheduled Product Theaters are included at no additional charge.	
Optional	<input type="checkbox"/> To be announced	\$ _____
	<input type="checkbox"/> One-day Trade Show Pass (not intended for vendors)	\$65
	<input type="checkbox"/> Handouts: A set of handouts will be ready for you when you arrive at the conference	\$85

***FULL REGISTRATION:** Fees include attendance at all educational sessions, receptions, planned meals, and Trade Show admission, starting with sessions Friday, Oct. 12, through Sunday, Oct. 14, 2018. Preconference sessions 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:** Name of the FMDA member who referred you? _____ 3. ___ Yes, I am a 1st-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. ___ 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. 13, 2018. There will be no refunds after Sept. 13, 2018. 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 501(c)(3) not-for-profit corporation. Its federal tax identification number is 81-3438184.