

Early-bird DEADLINE is August 31, 2018

2018 REGISTRATION FORM

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Yes, I would like to register now!

| \ | Paid-up members: Full registration* (choose one) O FMDA, O NADONA, O FL-GAPNA, or O FGS | \$330 \$420 \$465 |
|---|--|---------------------------------------|
| | <u>Unlicensed registrants</u> : Full registration* includes Organizational Affiliate Membership | \$605 |
| | Physician Fellows, Interns, and Residents in geriatrics, family practice, or internal medicine (Full registration*) Full-time Students: MD/DO/PA/NP/RN/PharmD/RPh/NHA or ALF administrator (Full registration*) | \$75 \$75 |
| | Friday-only Registration: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, product theaters, and reception Saturday-only Registration: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, and reception Sunday-only Registration: Includes breakfast, educational sessions, and contact hours | \$205 \$205 \$130 |
| | Pre-conference Day: Thursday, Oct. 11: Scheduled Product Theater is included at no additional charge. Shared Decision-Making in Serious Illness (4-hour CME/CMD/CE morning workshop) FMDA's Quality Advocacy Coalition Stakeholder's Workshop Reducing Avoidable Hospital Readmissions Statewide (2.75-hour CME/CMD/CE afternoon workshop) Both Preconference Workshops One-day Trade Show Pass (not intended for vendors) Handouts: A set of handouts will be ready for you when you arrive at the conference | \$95 \$25 \$110 \$65 \$85 |
| _ | *FULL REGISTRATION: Fees include attendance at all educational sessions, receptions, planned meals, and Trade Show starting with session 103 on Thursday, Oct. 11, through Sunday, Oct. 14, 2018. Preconference workshops are extra. | admissio |

| Name: | Title: | License #: | State: | | |
|--|-----------------------------------|---------------------------------------|--------|--|--|
| Facility Name/Affiliation: | | Specialty: | | | |
| Mailing Address: | | | | | |
| City: | State/ZIP: | Phone: | | | |
| Invite a Colleague First-Time Bonus | — I referred: 1 | , 2 | | | |
| Fax:e-m | ail: | Amount enclosed: | \$ | | |
| Please make check payable to "Best Car | | | | | |
| Name on Card: Expiration Date: Billing Address: | Security code from the front or b | ack of card: | | | |
| 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 1 st -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. 5. NOTE: Due to space limitations, planned conference meals are provided only to registrants. | | | | | |
| *Confirm your attendance with the produ | | · · · · · · · · · · · · · · · · · · · | - | | |

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: info@fmda.org