



# Early-bird DEADLINE is August 31, 2019

## 2019 REGISTRATION FORM

Sapphire Falls Resort at Universal Orlando

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

www.bestcarepractices.org

2019 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>\$339</b>
	<input type="checkbox"/> <b>* New/renewing FMDA members: Full registration*</b> (includes \$90 for annual dues for General and AHPRC members) ... <b>\$429</b>
	<input type="checkbox"/> <b>Non-member Practitioners: Full registration*</b> ..... <b>\$479</b>
	<input type="checkbox"/> <b>Unlicensed registrants: Full registration* includes Organizational Affiliate Membership</b> ..... <b>\$625</b>
	<input type="checkbox"/> <b>Physician Fellows, Interns, and Residents</b> in geriatrics, family practice, or internal medicine ( <b>Full registration*</b> ) .... <b>\$75</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>\$75</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>\$210</b>
	<input type="checkbox"/> <b>Saturday-only Registration:</b> Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, and reception ..... <b>\$210</b>
	<input type="checkbox"/> <b>Sunday-only Registration:</b> Includes breakfast, educational sessions, and contact hours ..... <b>\$135</b>
Optional	<b>Pre-conference Day: October 24</b>
	<input type="checkbox"/> <b>Florida Mandatory Licensure Update Courses (Morning)</b> ..... <b>\$45 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>\$110</b>
	<input type="checkbox"/> <b>3-Hour Intensive Workshop: Wound Care (#104) (Afternoon):</b> ..... <b>\$100</b>
	<input type="checkbox"/> <b>One-day Trade Show Pass</b> (not intended for vendors) ..... <b>\$65</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>
	<input type="checkbox"/> <b>Printed Syllabus:</b> A printed syllabus will be ready for you when you arrive at the conference ..... <b>\$10</b>

**\*FULL REGISTRATION FEE:** Includes attendance at all receptions, planned meals, Trade Show admission, and educational sessions, starting with session #105 on Thursday, Oct. 24, through the end of Sunday, Oct. 27, 2019. All preconference workshops are extra. A printed copy of the conference syllabus (downloadable) is NOT included in the registration fee this year — The extra cost is \$10.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Facility Name/Affiliation: \_\_\_\_\_ Specialty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Bring a First-Time Colleague Bonus — I referred: 1. \_\_\_\_\_, 2. \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

Make checks payable to "FMDA" or "Best Care Practices" and mail to: 400 Executive Center Drive, #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 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. 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. 23, 2019. There will be no refunds after Sept. 23, 2019. There is a \$35 charge for all returned checks.  
 (561) 689-6321 • Fax: (561) 689-6324 • [www.bestcarepractices.org](http://www.bestcarepractices.org) • Email: [info@fmda.org](mailto:info@fmda.org)

FMDA is a 501(c)(3) not-for-profit corporation. Its federal tax identification number is 81-3438184.