

Registration

2010 HEALTHCARE SUMMIT

FRIDAY, AUGUST 27 - SUNDAY, AUGUST 29

Please indicate which registration/events you and your party will be attending.

PLEASE PRINT CLEARLY

Name: _____

Spouse/Guest (Name as it should appear on the name badge): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

CME & ANNUAL MEETING ACTIVITIES

	<u>Pre-Summit</u>	<u>On-Site</u>	
<input type="checkbox"/> WVSMA Member	\$225	\$250	\$ _____
<input type="checkbox"/> Non-Member Physician	\$275	\$300	\$ _____
<input type="checkbox"/> Retired Physician	\$175	\$200	\$ _____
<input type="checkbox"/> Office Manager or Medical Staff	\$175	\$200	\$ _____

Excellence in Medicine Awards Dinner and Program - Friday, August 27, 7-9 p.m.
(includes dinner with wine and special awards program)

___ 1 ticket: \$125 ___ Tickets for a couple: \$200 ___ Tickets for a table of 10: \$1,500

WVSMA Officer Installation Luncheon - Saturday, August 28, 11:30 a.m.

I plan to attend the WVSMA officer installation luncheon on Saturday, August 28.

For paid Healthcare Summit registrants and spouse/guest, there is no additional fee. \$ N/C

Number of Tickets _____

TOTAL AMOUNT DUE \$ _____

Payment Method:

Check Enclosed American Express MasterCard Visa

Card No: _____ Expiration Date: _____ V Code: _____
(Three digit number on the back of the card.)

Name As It Appears On Card: _____

Signature: _____

For more information or additional registration forms, visit the WVSMA website at www.wvsma.com or call (304) 925-0342 Ext. 12

Please fax a copy of this form to (304) 925-0345

Or mail to: West Virginia State Medical Association, P.O. Box 4106, Charleston, WV 25364