MARCH 24–26, 2017 · LOS ANGELES, CA

National Colloquium on African American Health

The Health of the Black Family

2017 Registration Form

PLEASE PRINT:

Name

Prefix *Last Name* *First Name* *Middle Initial* *Suffix*

Address

City State ZIP Code

Telephone Fax

Email Address

☐ Please check this box if you require special assistance or have dietary restrictions, and include a written description of your needs. We will do our best to accommodate your request.

REGISTRATION FEES (Deadline 3/10/2017)

** Registration waived for Members who pay NMA/ANMA/SNMA dues by 3/10/2017.*
*** Proof of organization membership required.*

- ☐ Current 2017 NMA member - waived*
- ☐ Non-Current 2017 NMA Member - $100
- ☐ Non-NMA member - $100
- ☐ Current 2017 ANMA member - waived*
- ☐ Current 2017 SNMA member - waived*
- ☐ Member of NMA Partner Organization - $75**

Awards Dinner (to be held at the Beverly Wilshire Hotel):
General Seating - ☐ $150 per ticket, ☐ $1,500 per table
Corporate & VIP Seating - ☐ $500 per ticket, ☐ $4,000 per table

- ☐ Non-SNMA Residents and Medical Students *(identification required)* - $75
- ☐ Donate to the NMA - $ _____

CME ATTENDANCE

☐ I plan to participate in sessions for continuing medical education credit.

HOTEL INFORMATION

The conference hotel is the Beverly Hilton, 9876 Wilshire Blvd, Beverly Hills, CA 90210, tel: 310.274.7777. Room rates start at $259/night + taxes and fees. To secure hotel accommodations please visit: https://aws.passkey.com/go/7c726344

CANCELLATION AND REFUND POLICY

Refund requests of registration fees paid will be honored, minus a $25 processing fee, if received in writing on or before March 9, 2017. No refunds will be given after March 10, 2017. No-shows, including but not limited to cancelled or delayed travel, are non-refundable. Substitutions are permitted at any time, and should be submitted in writing. Please contact the Beverly Hilton for all cancellations, refund requests, or other issues related to housing.

PAYMENT *(We must receive payment in full with your completed registration form to confirm your registration.)*

Total Amount Due - $

Please select your payment type: ☐ Check (US Dollars – Made payable to National Medical Association)
☐ Credit Card: ☐ VISA ☐ American Express ☐ MasterCard ☐ Discover

Card # Expiration Date Security Code

Billing Address

City State ZIP Code

Cardholder Name

COMPLETE

Questions: Call 202-347-1895. **Fax** completed form with credit card payment to 301-495-0359, or **email**: ajohnson@nmanet.org, or **mail to**: National Medical Association, 8403 Colesville Road, Suite 820, Silver Spring, MD 20910. **or online at** www.nmanet.org

National Medical Association