



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

2016 NLMA AGM Registration Form June 4, 2016

- **Business Session:** Main Auditorium, Health Sciences Centre, St. John's, NL
- **President's Dinner:** Clovelly Golf Club (business casual)

Delegate					Please fully complete all applicable sections of the form.				
Prefix	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Ms.			NLMA Number					
Name				Partner's Name (If attending)					
Address									
City/Town				Province/State			Postal Code		
Telephone				Fax					
E-mail									
Registration (deadline 5 pm, Monday, May 30) Please indicate each session you plan to attend.									
(PREPAYMENT REQUIRED)	EARLY BIRD (Up to May 24)			Price (Single)	# Attending	Total (\$)			
	GP Section Meeting <input type="radio"/> Micro-Allocations Discussion			No charge		No charge			
	<input type="radio"/> Primary Care Renewal Program Presentation			No charge		No charge			
	<input type="radio"/> Med Access EMR Demonstration			No charge		No charge			
	<input type="radio"/> e-Consult Panel Discussion			No charge		No charge			
	<input type="radio"/> Business Meeting			No charge		No charge			
	<input type="radio"/> President's Dinner (no tickets sold at door)			\$75.00		\$			
(PREPAYMENT REQUIRED)	REGULAR (After May 24)			Price (Single)	# Attending	Total (\$)			
	GP Section Meeting <input type="radio"/> Micro-Allocations Discussion			No charge		No charge			
	<input type="radio"/> Primary Care Renewal Program Presentation			No charge		No charge			
	<input type="radio"/> Med Access EMR Demonstration			No charge		No charge			
	<input type="radio"/> Business Meeting			No charge		No charge			
	<input type="radio"/> President's Dinner (no tickets sold at door)			\$90.00		\$			
							<i>Sub-total (\$)</i>		
<i>Discounts</i>	<input type="radio"/> Retired/Resident/Student member					Subtract 50%			
						<i>Total Payment (\$)</i>			

Allergies/Special Dietary Requirements

<i>Please indicate any allergies or special dietary requirements that apply to you or your partner.</i>	<input type="radio"/> Gluten intolerant <input type="radio"/> Lactose intolerant <input type="radio"/> Nut allergy (specify) _____
	<input type="radio"/> Shellfish (please specify if airborne) <input type="radio"/> Other fish (specify) _____
	<input type="radio"/> Vegetarian <input type="radio"/> Vegan
	<input type="radio"/> Other (please specify) _____

Payment

<i>Payment Method</i>	<input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Cheque (Payable to "Newfoundland and Labrador Medical Association")						
<i>Card Number</i>					<i>Expiry Date</i>	Month	Year
<i>Signature</i>					<i>Amount</i>	\$	

Please note For the President's Dinner, **no-shows will be billed** unless we receive notice of cancellation by **5:00 p.m. on Monday May 30, 2016.**

Comments Please fully complete all applicable sections of the form.

<i>Requests/Questions</i>	
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Send Registration Form to: Newfoundland and Labrador Medical Association
 164A MacDonald Dr., St. John's, NL, Canada, A1A 4B3, Fax (709) 726-7525