



79th Annual Educational Conference  
of the Catholic Medical Association

# RESTORING THE Integrity OF MEDICINE



## CONFERENCE REGISTRATION

This registration form, along with the appropriate registration fee selected from below, must be returned no later than September 30, 2010, to ensure your place at the conference.

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Registrant's Degree: \_\_\_\_\_  
 CME Credit Requested: Yes  No  Type of Credit: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Spouse / Guest Name: \_\_\_\_\_

*Please fill out a separate form for each non-family member.*

### FULL CONFERENCE PACKAGE

Includes Registration, Breakfasts, Lunches,  
and Saturday Evening Banquet

#### CMA MEMBERS

Physicians & Dentists	\$655	\$ _____
After August 31	\$715	\$ _____

Other—Spouse, Priest, Religious, Student,  
Allied Health Professional, Resident; General Public  
(please circle one above)

	\$435	\$ _____
After August 31	\$490	\$ _____

#### NON-CMA MEMBERS

Physicians & Dentists	\$765	\$ _____
After August 31	\$825	\$ _____

Other—Spouse, Priest, Religious, Student,  
Allied Health Professional, Resident; General Public  
(please circle one above)

	\$490	\$ _____
After August 31	\$545	\$ _____

### SINGLE-DAY REGISTRATION

Includes everything for a single day (except Special  
Event and Banquet) Circle day(s): Thur. Fri. Sat.

Physicians & Dentists	\$325	\$ _____
After August 31	\$385	\$ _____
All Others	\$250	\$ _____
After August 31	\$305	\$ _____

### FRIDAY'S SPECIAL EVENT

Not Included in the Full Conference Package  
Event attendance is limited to 150 people

*An Evening with G. K. Chesterton  
& Exquisite Northwest Desserts and Wines*

Adults	\$90	\$ _____
Children 12 & under	\$45	\$ _____

### SATURDAY EVENING BANQUET

Included in Full Conference Package

Extra Tickets	Adults \$125	\$ _____
	Children 10 & under \$20	\$ _____

I would like to order a complete set of Audio CDs at a *special pre-conference price of \$175* \$ \_\_\_\_\_

### DONATION OPPORTUNITIES

- I would like to be a conference sponsor with a tax-deductible donation of \$ \_\_\_\_\_
- I would like to donate to the Medical Student Development and Scholarship Fund with a tax-deductible donation of \$ \_\_\_\_\_
- I would like to support the CMA Medical Missions with a tax-deductible gift of \$ \_\_\_\_\_

Registration may be submitted via regular mail  
or via the CMA Web site: [www.cathmed.org](http://www.cathmed.org)

**TOTAL PAID** \$ \_\_\_\_\_

Please make checks payable to Catholic Medical Association and mail (or fax: 866-666-2319) the completed form to:  
**Catholic Medical Association, 29 Bala Ave., Suite 205, Bala Cynwyd, PA 19004-3206**

- Visa Cardholder Name: \_\_\_\_\_
- MC Card Number: \_\_\_\_\_
- AmExp Expiration Date: \_\_\_\_\_ Amount Authorized: \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**REFUND POLICY:** A refund will be given if notification is received in writing on or before September 30, 2010, minus a \$75 administration charge. Sorry, no refunds after September 30, 2010. No exceptions.