

Mission, Justice & Medicine

Integrating Catholic Social Teaching into Health Care



SANTA BARBARA, CALIFORNIA · OCTOBER 24-26, 2013

REGISTRATION FORM

To ensure your place at the conference, return this REGISTRATION FORM and the correct FEE, no later than September 20, 2013. Thank you!

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Name:	
Email:	
Specialty:	Registrant's Degree:
CME Credit Requested: Yes □ No □ Type of Credit:	
Address:	
City:	State: Zip:
Daytime Phone:	
Registered Spouse / Guest Name:	
Please fill out a separate registration form for each non-family member.	
FULL CONFERENCE PACKAGE Includes Registration, Breakfasts, Lunches, Reception, and Saturday Evening Banquet CMA MEMBERS	SINGLE-DAY REGISTRATION Includes everything for a single day (except Special Event and Banquet) Circle day(s): Thur. Fri. Sat. Physicians & Dentists \$380 \$
Physicians & Dentists \$730 \$ After August 2 \$800 \$ Other Serves Delete Policieus Student	After August 2 \$450 \$ All Others \$290 \$ After August 2 \$360 \$
Other – Spouse, Priest, Religious, Student, Allied Health Professional, Resident, General Public (please circle one above) \$490 \$ After August 2 \$550 \$ NON-CMA MEMBERS Physicians & Dentists \$880 \$ After August 2 \$950 \$	FRIDAY'S SPECIAL EVENT Not Included in the Full Conference Package. Event attendance is limited. Catered Dinner, Entertainment, and Lecture in the Ronald Reagan Center Adults \$110 \$
Other – Spouse, Priest, Religious, Student, Allied Health Professional, Resident, General Public (please circle one above) \$550 \$ After August 2 \$610 \$	SATURDAY EVENING BANQUET Included in Full Conference Package Extra Tickets Adults \$130 \$ Children 10 & under \$30 \$
I would like to order a complete set of audio recordings at special pre-conference prices: With Registration: Audio CD Set: \$220 Flash Drive: \$220 2-Disk MP3 Set: \$220 \$	
DONATION OPPORTUNITIES I would like to make a tax-deductible donation to the President's Circle (\$1,000 or more)	
Registration may be submitted via regular mail, fax, or via the CMA website: www.cathmed.org Please make checks payable to Catholic Medical Association. Mail (or fax: 866-666-2319) the completed form to: Catholic Medical Association, 29 Bala Ave., Suite 205, Bala Cynwyd, PA 19004-3206 Visa	
Billing Address:Cardholder Signature:	
REFUND POLICY: A refund will be given if notification is received in writing on or before September 20, 2013, minus a \$75 administration charge. No refunds after September 20, 2013.	