To ensure your place, return this REGISTRATION FORM and the correct FEE no later than September 2, 2014.

DONATION OPPORTUNITIES
I would like to make a tax-deductible donation to the President’s Circle ($1,000 or more) $____________
I would like to make a tax-deductible donation to the Medical Student Scholarship Fund $____________
I would like to support the conference with a tax-deductible donation of $____________

TOTAL PAID $____________

REGISTRATION FORM

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
Physicians & Dentists $730 $____________
After August 1 $800 $____________
OTHER – Spouse, Priest, Religious, Student, Allied Health Professional, Resident, General Public (please circle one above) $510 $____________
After August 1 $570 $____________
NON-CMA MEMBERS
Physicians & Dentists $880 $____________
After August 1 $950 $____________
OTHER – Spouse, Priest, Religious, Student, Allied Health Professional, Resident, General Public (please circle one above) $570 $____________
After August 1 $630 $____________

Scholarships are available for priests, medical students and residents. Contact the CMA for more information.

SINGLE-DAY REGISTRATION
Includes everything for a single day (except Special Event and Banquet) Circle day(s): Thu. Fri. Sat.
Physicians & Dentists $380 $____________
After August 1 $450 $____________
All Others $310 $____________
After August 1 $380 $____________

SPECIAL EVENTS
Not included in the Full Conference Package. Event attendance is limited.
WEDNESDAY Pre-Conference
Pilgrimage to Nombre de Dios Mission in St. Augustine $50 per person $____________
THURSDAY EVENING
Dinner at the SeaWorld Sharks Underwater Grill $115 per person ($50: Child, 10 & under) $____________
FRIDAY EVENING
Virtuoso pianist Eric Genuis, “Music to Move the Soul” $25 per person ($60: Family of 3 or more) $____________
SATURDAY EVENING BANQUET
Included in Full Conference Package
Extra Tickets
Adults $130 $____________
Children 10 & under $30 $____________

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Included in Full Conference Package
Extra Tickets
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SATURDAY EVENING BANQUET
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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 $____________
Without Registration: Audio CD Set: $300 Flash Drive: $300 2-Disk MP3 Set: $300 $____________

REGISTRATION FORM

83rd Annual Educational Conference of the Catholic Medical Association
COURAGE IN MEDICINE
Defending and Proclaiming the Faith in the New Evangelization

ORLANDO, FLORIDA - SEPTEMBER 25-27, 2014

93rd Annual Educational Conference of the Catholic Medical Association
COURAGE IN MEDICINE
Defending and Proclaiming the Faith in the New Evangelization

ORLANDO, FLORIDA - SEPTEMBER 25-27, 2014

EDUCATIONAL CONFERENCE
REGISTRATION FORM

To ensure your place, return this REGISTRATION FORM and the correct FEE no later than September 2, 2014.

Name: ____________________________________________

Email: ____________________________________________

Specialty: ________________________________________

CME Credit Requested: Yes ☐ No ☐ Type of Credit: ____________________________

Address: ________________________________________

City: ____________________________________________
State: __________________ Zip: __________________

Daytime Phone: _______________________

Is this your first CMA Educational Conference? Yes ☐ No ☐

Registered Spouse/Guest Name: ____________________________________________

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I would like to support the conference with a tax-deductible donation of $____________

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 ☐ AmEx ☐ MC ☐ Discover ☐ Cardholder Name: ____________________________
Card Number: ____________________________
Expiration Date: ____________________________ Amount Authorized: $____________
Billing Address: ____________________________

REFUND POLICY: A refund will be given if notification is received in writing on or before September 2, 2014, minus a $75 administration charge. No refunds AFTER September 2, 2014.