

2019 EARLY BIRD Conference Registration

Celebrating Silver in 2019!



25 years of connecting, inspiring and equipping
Women Physicians In Christ

2019 WPC Conference

Sept 19-22 Renaissance Battle House Resort & Spa, Mobile, AL

Date: _____ Name: _____ Degree: _____

Badge Name
(if different): _____ Specialty: _____ Cellphone#: (____) _____

Street: _____ City: _____ State: _____ Zip: _____

Email Address: _____ 1st time to WPC (WIMD) conference? _____

- Yes or No – Do you wish to be on the contact list handed out to attendees at the conference to keep in touch?
- I have special/medical dietary restrictions _____
- I have special ADA needs: _____
- My spouse / guest is attending: Spouse's/Guest's Name: _____ Degree: _____

If spouse would attend Men's Track if offered, provide spouse's email: _____

SELECT YOUR REGISTRATION STATUS: EARLY BIRD PRICES good on registrations received by Feb. 22, 2019
Registration fees include ALL meals from Friday breakfast – Sunday breakfast!

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|--|---|
| <input type="checkbox"/> \$445 EARLY BIRD \$545 Graduate | <input type="checkbox"/> \$40 CME |
| <input type="checkbox"/> \$445 EARLY BIRD \$545 Allied Health Professional | <input type="checkbox"/> \$200 only attending conference on Thursday |
| <input type="checkbox"/> \$445 EARLY BIRD \$545 Retired | <input type="checkbox"/> \$200 only attending conference on Friday |
| <input type="checkbox"/> \$345 EARLY BIRD \$445 Full-Time Missionary | <input type="checkbox"/> \$200 only attending conference on Saturday |
| <input type="checkbox"/> \$345 EARLY BIRD \$445 Resident/Fellow | <input type="checkbox"/> \$75 only attending conference on Sunday |
| <input type="checkbox"/> \$345 EARLY BIRD \$445 Spouse/Guest/Exh (Conf & Meals) | <input type="checkbox"/> \$75 only attending the Banquet Sat. night |
| <input type="checkbox"/> \$345 EARLY BIRD \$445 Speaker | <input type="checkbox"/> \$345 Student (medical/dental) – Full conference |
| <input type="checkbox"/> \$345 Spouse/Guest/Exhibitor (Meals Only Package) | <input type="checkbox"/> \$275 Student--only attending Fri 6 pm – Sun 10 am |

If you can help with a Student/Resident Sponsorship:

\$345 Sponsoring a Student \$_____ Partial Sponsorship of a Student

Student/Resident/Fellow Scholarship Recipients*:

I have received a full scholarship

I have received a partial scholarship and agree to pay part of the registration fee in the amount of \$_____

**As a student/resident/fellow who received a full or partial scholarship, I understand there is a \$50.00 cancellation fee if I cancel after Aug. 30th. I authorize my credit card (below) to be charged for this amount if I cancel after that date.*

No-shows will be ineligible for future aid. **Signature:** _____

Social Security Number (only for scholarship recipients & used only for WPC tax purposes) _____

YOUR PAYMENT OPTIONS:

Check – payable to Christian Medical & Dental Associations (Mark Memo: **WPC 2019 Conference**)

Charge my credit card: MasterCard VISA American Express **Payment Total** \$_____

Name on Card: _____ **Billing Address:** _____

Card Number: _____ **City:** _____ **State:** _____ **Zip:** _____

Expiration Date: _____ **CVV:** _____ **Signature:** _____ **Date:** _____

SUBMIT REGISTRATION Please make a copy for your records.
 Then submit original form with payment by email, mail or FAX.
MAIL: WPC/CMDA, PO Box 7500, Bristol, TN 37621
EMAIL: Debbie.mcalear@cmda.org
FAX: (423) 844-1017 If sent by FAX, please also email to let us know to expect it. Questions? Call Debbie at (423) 844-1022

CANCELLATION FEES-- Cancellations & requests for refund must be submitted in writing to Christian Medical & Dental Associations. Cancellation charges will be assessed as follows:

| | |
|----------------------------------|------------------|
| Before August 23, 2019 | \$50.00 |
| On or After Aug. 23, 2019 | No Refund |