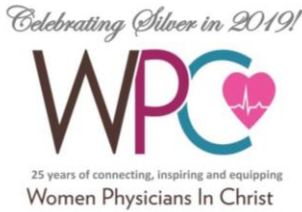


2019 Conference Registration



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

Registration fees include ALL meals from Friday breakfast – Sunday breakfast!

- \$545 Graduate
- \$545 Allied Health Professional
- \$545 Retired
- \$445 Full-Time Missionary
- \$445 Resident/Fellow
- \$445 Spouse/Guest/Exhibitor (Conf & Meals)
- \$445 Speaker
- \$345 Spouse/Guest/Exhibitor (Meals Only Package)
- \$40 CME
- \$200 only attending conference on Thursday
- \$200 only attending conference on Friday
- \$200 only attending conference on Saturday
- \$75 only attending conference on Sunday
- \$75 only attending the Banquet Sat. night
- \$345 Student (medical/dental) – Full conference
- \$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