

2020 Virtual Conference Registration



WPC Annual Conference

September 18-20, 2020 * Virtual Registration

Women Physicians In Christ

Registration gives you access to the Virtual Conference website with schedules, links to all plenaries & workshops, links to Meet-ups, CME evaluations, resource materials and more!

Date: _____ Name: _____ Degree: _____
 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 available to all attendees?
 Spouse/Guest/Exhibitor’s Name: _____

SELECT YOUR REGISTRATION STATUS:

\$100 Graduate/AHP/Retired/Spouse/Exhibitor
 \$ 50 First time Attendee - Graduates
 \$ 50 Speakers
 \$ 25 Resident/Fellow Student (medical/dental)
 \$ 40 CME

We will not be having our Saturday night offering as we usually do at our annual conferences. If you would like to help support the ministries of WPC with a one-time gift, or by beginning monthly giving, we would be grateful for your help:

One-time donation: \$500 _____ \$350 _____ \$200 _____ \$150 _____ \$100 _____ Other amount: \$ _____

If you would like to start monthly giving, please include your bank routing number, account number and the amount.

Routing # _____ Acct. # _____ Mthly. Amt. \$ _____

YOUR PAYMENT OPTIONS:

Check – payable to Christian Medical & Dental Associations (Mark Memo: WPC 2020 Virtual 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: _____ i.

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 are as follows:
 Before September 7, 2020 \$25 Fee
 On or After September 7, 2020 No Refund

OFFICE USE ONLY

ID# _____ Date received _____ iMIS _____ Accounting (date) _____ FS _____