

2021 EARLY BIRD Conference Registration



Women Physicians In Christ

2021 WPC Conference

Sept 30- Oct 3 / Amway Grand Plaza by Hilton, Grand Rapids, MI

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, provide spouse's email: _____

SELECT YOUR REGISTRATION STATUS: EARLY BIRD PRICES GOOD ON REGISTRATIONS RECEIVED BY APRIL 30, 2021

Registration fee includes all meals from Thursday reception through Sunday breakfast, except Saturday lunch is on your own.

- | | |
|---|---|
| <input type="checkbox"/> \$545 EARLY BIRD Graduate | <input type="checkbox"/> \$40 CME |
| <input type="checkbox"/> \$445 EARLY BIRD Graduates Attending 1 st WPC Conference (\$100 discount) | |
| <input type="checkbox"/> \$545 EARLY BIRD Allied Health Professional | <input type="checkbox"/> \$245 only attending on Thursday |
| <input type="checkbox"/> \$545 EARLY BIRD Retired | <input type="checkbox"/> \$245 only attending on Friday |
| <input type="checkbox"/> \$445 EARLY BIRD Full-Time Missionary | <input type="checkbox"/> \$245 only attending on Saturday |
| <input type="checkbox"/> \$445 EARLY BIRD Resident/Fellow | <input type="checkbox"/> \$95 only attending on Sunday |
| <input type="checkbox"/> \$445 EARLY BIRD Speaker | <input type="checkbox"/> \$95 only attending Banquet Sat. night |
| <input type="checkbox"/> \$545 Spouse/Guest/or Exhibitor (<i>Conference/Workshops/Meals</i>) | <input type="checkbox"/> \$445 Student (medical/dental) – Full |
| <input type="checkbox"/> \$445 Spouse/Guest/or Exhibitor (<i>Meals Only</i>) | <input type="checkbox"/> \$375 Student—Partial/ Fri eve – Sun |

If you can help with a Student/Resident Sponsorship:

- \$445 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 2021 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

LATE FEE \$100 AFTER AUGUST 23, 2021

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 20, 2021 **\$50.00**
On or After Aug. 20, 2021 **No Refund**