



IRANIAN AMERICAN MEDICAL ASSOCIATION

**P.O. Box 8218 • Haledon, NJ 07538-0218 • (973) 595-8888 • Fax (973) 790-7755
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2018 Annual Conference Registration (ACR) fees:

May 26-27, 2018 in Houston Texas

Continuous Medical Education (CME):

(The fees include CME credit certification for category 1 only (if you need it and fill out the Form), reception on Friday, continental breakfasts on Sat./Sunday, and coffee breaks. The ACR fees do NOT include Saturday Night Dinner, Gala Dinner or any of Social entertainments):

<u>Categories:</u>	<u>Regular prices:</u>	<u>Late or on-site requesters:</u>	<u>I will attend as:</u>
1) Practicing Colleagues:	4/1---5/15/2018	5/16---5/27/2018	
Members:	300	360	.....
Participation in CME meeting without certificate	150	200	.....
Non-members:	360	430	.....
2) Others (Retiree, Fellows, Residents, Post. Docs, PA, Nurses, Med. Tech, and other professionals):			
Members:	100	130	.....
Non-members:	120	160	.....
3) Students:			
Members*:	40	70	.....
Non-members:	50	80	.....
4) Spouses and guests:			
Members and non-members:	90	100	.....
Saturday Night Dinner (Saturday May 26, 2018):			
Members (All categories):	60	80	.....
Non-members (All categories):	75	100	.....

Gala Dinner (Sunday May 27, 2018):

<u>Categories:</u>			
1) Practicing Colleagues with spouse, Retiree, Fellows, Residents, Post. Docs, PA, Nurses, Med. Tech and other professionals with spouse:			
Members & their guests:	125	155	.....
Non-members & their guests:	155	185	.....
2) Students:			
Members & their guests:	110	130	.....
Non-members & their guests:	135	155	.....

***: The fee will be waived for presenting students. Valid ID or letter from their institution is required for all students.**



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**Off-line Registration Form for
IAMA's 2018 Annual Conference in
Houston, TX (May 26-28, 2018):**

First Name: _____ Last name: _____
Contact Telephone Number: _____ Contact email address: _____
Name of the work Place (if any): _____ Title: _____

Please chose one of the following:

I am a Member of IAMA and I have already paid my 2018 Membership (January 1 ---- December 30, 2018):
I am not a members of IAMA, but I would like to become a member of IAMA and I will pay my 2018 Membership:
I am not a member of IAMA and I would not like to become a member of IAMA and I will attend as non-member:

Membership Level	Fee
MD, DO DMD, DDS, DVM, PharmD, PhD, DPM, DC	\$125 <input type="checkbox"/>
PA, RN, Medical Tech, Retirees	\$75 <input type="checkbox"/>
Residents, Fellows, Post Docs	\$50 <input type="checkbox"/>
Students	\$0 <input type="checkbox"/>

Base on my Membership status above, I would like to attend the 2018 Conference and pay for the followings items (please check mark each item you choose and then write the fee(s) in front of each item):

Annual Membership fee for myself (please add fee if you pay for other as well):
CME part of the Conference fee for myself (please add fee if you pay for your guests as well):
Saturday Night Dinner fee for myself (please add fee if you pay for your guest as well):
Gala Dinner fee for myself (please add fee if you pay for your guests as well):

[Students must show valid ID or a letter from their institution for being eligible for the special discounts]

My total purchase is: \$.....

I pay this amount by check from (the name of your bank) _____, check #:

Name:

Signature:

Date:

Instruction: After you fill out this Off-line Registration Form, please make a copy of it for your own record, then send the original Form along with your check to IAMA' address:

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