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| **Maine Medical Association’s 169th Annual Session**  **Register Now at**  **https://www.mainemed.com/annual\_session**  **Or you may complete this form and return to the address below either by mail or via fax**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Spouse/Guest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **REGISTRATION**   |  |  | | --- | --- | | * **$499 Registrants** | * **$300 Guest (CME is not included)** |   **CHILDRENS MEALS** (UNDER AGE 12) **NO FEE**  Number of Children \_\_\_\_\_  All registrations for conference include Friday Reception, all meals Saturday and Sunday.  **REGISTRATION FOR GOLF AT KEBO VALLEY GOLF CLUB**   |  | | --- | | * **$125 – (Lisa Martin will be in contact with golf registrants with more details)** |  * Check enclosed, made payable to Maine Medical Association (mail to address below) * Credit Card Payment. Fax to 207.622.3332 **🗖 AmEx** **🗖Visa 🗖 MC** (check one)   **CC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCV\_\_\_\_\_\_\_ Exp.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Total Due: \_\_\_\_\_\_\_\_\_\_\_**   * Yoga Class (limited to 18) Saturday, September 10th, 6-7 a.m. Destination Health, No fee. *(Bring your own mat)*   Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Hike, Saturday, September 10th, 2 pm. Meet at Bar Harbor Club. No fee.   *All requests for cancellations must be received in writing. If a written request of cancellation is received at the MMA office prior to August 31st, the registration fee less a 30.00 administration fee, will be refunded after the meeting. Refund requests received after August 31st will not be honored.*  ***Mail to: Maine Medical Association***  ***P.O. Box 190, Manchester, ME 04351***  ***Lisa Martin, 207-480-4201 or lmartin@mainemed.com*** |  | |
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