



Maine Medical Association

167th Annual Session Enduring Education Opportunity

Registration Form (please print)

Name _____
 First MI Last Title
 Address _____ City _____ State _____ Zip _____
 Tel _____ Fax _____ E-mail _____
(Required for your log-in information & registration confirmation)

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|---|--|-----------------|----------------------------|--|
| Enduring Education Registration | | | | |
| Registration Fee | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; padding: 5px;">This internet enduring material activity will only be available thru December 31, 2020.</td> <td style="width: 30%; text-align: right; padding: 5px;">\$175.00</td> </tr> <tr> <td style="padding: 5px;">6 Education Credits</td> <td></td> </tr> </table> | This internet enduring material activity will only be available thru December 31, 2020. | \$175.00 | 6 Education Credits | |
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Payment enclosed *Checks payable to: Maine Medical Association*

Visa MasterCard AMEX CC # _____ Exp. _____ CCV _____
 Cardholder Name _____
 Signature: _____

Mail or fax registration form with payment to: Maine Medical Association, P.O. Box 190, Manchester, ME 04351
Phone: 207.622.3374 • Fax: 207.622.3332 or register at www.mainemed.com