



Conference Chair: DEIRDRE HOLLOWAY, M.D.

REGISTRATION FORM

Region IV Annual Meeting – NEW HORIZOS IN CLINICAL PATHWAYS

May 2-4, 2008

MGM GRAND HOTEL & CASINO

Detroit, Michigan

To Pre-register Fax to: Region IV Conference Services - (248) 569-6211
Pre-Registration must be received by Monday April 28, 2008

NAME TITLE

PHONE FAX

EMAIL

CME MAILING ADDRESS

CITY/STATE ZIP

REGISTRATION\*

- NMA Member \$125
Auxiliary \$75
Non-Member MD/Guest \$175

- Fellow/Resident/Intern \$25
SNMA med Student \$ NC

Additional meal function tickets available for May 3rd:

#of Tickets Needed
Luncheon - \$25 each
Banquet - \$25 each
TOTAL:

\*Registration includes: Welcome Reception, 2 breakfasts, 1 lunch & 1 banquet

Payment: Check Visa MC AX Diners Pay on Site

(Make Checks Payable to: NMA Region IV)

Credit Card Number: Expiration Date:

Please provide the 3 digit V code located on the back of the credit card

I hereby authorize my credit card to be charged for Region IV meeting registration fee(s) totaling \$

Signature Date

FAX registration form to: REGION IV Conference Services (248) 569-6211

Or Mail to: NMA Region IV Conference Services
20905 Greenfield #301
Southfield, MI 48075

For Information Call Wendy at (248)-569-5577 or email: dwat248@comcast.net

For Hotel Reservations\*: MGM GRAND HOTEL & CASINO
177 3RD STREET Detroit, MI 48226
1-877-646-3387 or direct in Detroit 1-877-888-2121
Reserve rooms by April 9, 2008 to receive NMA room rate of \$179.00