

## 2017 WVSMA Healthcare Summit – Registration Form

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

If you prefer vegetarian meals, or, if you have a food allergy, please check here  allergy \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

**\*Your registration confirmation will be delivered by Email**

### REGISTRATION FEE

	<u>Before June 27</u>	<u>Pre-Summit</u>	<u>On-Site</u>
<input type="checkbox"/> WVSMA Member Physician	\$275	\$290	\$340
<input type="checkbox"/> Non-Member Physician		\$390	\$440
<input type="checkbox"/> Retired WVSMA Member Physician	\$225	\$240	\$290
<input type="checkbox"/> Office Manager, Medical Staff or Other Personnel		\$215	\$265
<input type="checkbox"/> WVSMA Member Student/Resident <i>(NO CHARGE)</i>	\$0	\$0	\$0

**Welcome Luncheon – Friday, August 25, 11:30 a.m. (No Charge for Summit Registrants. \$45 per guest)**

\_\_\_\_\_ Yes, I will attend ( \_\_\_\_\_ # of attendees)                      \_\_\_\_\_ No, I am unable to attend

**Inaugural Celebration & Gala Dinner – Saturday, August 26, 7:00 p.m.**

\_\_\_\_\_ Individual Reservation (\$185)      \_\_\_\_\_ Reservations for a Couple (\$285)

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

**Payment Method:**  Check Enclosed       American Express       MasterCard       Visa       Discover

Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
*3 digit code on back of card*

Billing Address (if different from address above) \_\_\_\_\_

Name on Card (printed) \_\_\_\_\_ Signature: \_\_\_\_\_

**You must be a confirmed registrant of the WVSMA Healthcare Summit in order to obtain a room in our block at the discounted rate.**

To verify, please contact WVSMA, Director, Operations & Conference Services, Karie Boggs (304) 925-0342 ext. 12 or [karie@wvsma.org](mailto:karie@wvsma.org)

**For lodging reservations, call The Greenbrier directly, 1-877-394-4137**

**Rate: \$279 (traditional room) Deadline for Discount Rate: July 10**

**Mail: WVSMA, 4307 MacCorkle Avenue SE, Charleston, WV 25304 · Fax: (304) 925-0345 · Email: [karie@wvsma.org](mailto:karie@wvsma.org)**