



## 2022 Individual Membership and Conference Registration

Name: \_\_\_\_\_ Professional Designation: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street or PO Box City, State ZIP

\*Home Address: \_\_\_\_\_  
Street or PO Box City, State ZIP

Facility Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check here to opt out of being listed in the 2022 ALMDA Online Member Directory.

*\*Home address and cell phone number will not be published.*

### Select a Membership Category (Pay dues online at [www.tinyurl.com/ALMDA2022](http://www.tinyurl.com/ALMDA2022))

Note: Membership dues are non-refundable

**Regular Membership: \$100**  
Physicians, CRNPs and PAs

**Associate Membership: \$50**  
Nurses, Pharmaceutical Representatives, Administrators, etc.

### Meeting Registration (Register online at [www.tinyurl.com/ALMDA2022](http://www.tinyurl.com/ALMDA2022))

**Attendees of ALMDAs conferences must be a member. Choose the appropriate category above.**

**Mid Winter Conference (Jan. 29, 2022) \$200 (Add \$25 if registering after Jan. 24 )**

I agree to my name, practice name and business address being shared with conference exhibitors.

Accommodations: Birmingham Marriott, 3590 Grandview Parkway, Birmingham, AL 35243. Room Rate is \$139.

Room cutoff is Jan. 7, 2022. Call (888) 426-5171 or reserve online at [www.tinyurl.com/Marriott2022ALMDA](http://www.tinyurl.com/Marriott2022ALMDA).

**Annual Conference (July 21-24, 2022) \$300 (Add \$25 if registering after July 19)**

**Annual Conference Guest (\$75) Name:** \_\_\_\_\_

I agree to my name, practice name and business address being shared with conference exhibitors.

Accommodation information will be posted at [www.almda.org](http://www.almda.org).

*Cancellation Policy: Meeting registration fees will be refunded in full if cancellations are received not less than 72 hours from the event date. Cancellations received less than 72 hours before the event are not be eligible for refunds.*

### PAYMENT:

Credit Card:  VISA  MasterCard  American Express  Check payable to ALMDA

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street or PO Box City, State ZIP

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Email for Receipt: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Complete form and return to: Alabama Medical Directors Association (ALMDA)  
P.O. Box 1900 • Montgomery, AL 36102 • Fax: (334) 269-5200**

For more information, please contact Meghan Martin at [MMartin@alamedical.org](mailto:MMartin@alamedical.org) or (334) 954-2500.