

## **REGISTRATION FORM - PLEASE PRINT CLEARLY**

Register online at www.tinyurl.com/ALMDA2023AnnualConference

Name: Name to appear on Badge:			
□ CMD □ MD □ DO □ Administ	rator 🔲 CRNP 🔲 LPN	Other	
Company/Organization Name:			
Address:			
Office Phone:	Cell Phone:	Cell Phone:	
E-mail:	Dietary Needs:		
lacksquare I agree to my name, practice name and	I business address being share	ed with conference exhibitors.	
MEETING REGISTRATION Attendees of ALMDA's conferences must be category below. If you are not sure if you have			
□ Regular Membership: \$100  Physicians, Nurse Practitioners and Physician Assistants involved in long-term care  □ Associate Membership: \$50  Nurses, Pharmaceutical Representatives, Administrators, and any other professional involved in long-term care			
$\ \square$ I opt out of being listed in the ALMDA Me	mbership Directory.		
☐ Annual Conference Registration \$300 (Ac	dd \$25 if registering after July 18)		
☐ Annual Conference Guest(s) (meal fund	tions only) \$75 each Name(s)	:	
ACCOMMODATIONS Sandestin Golf and Beach Resort, Linkside Conf Reserve a room at Sandestin Golf and Beach R with group code 24J4E2. The cutoff for group re	esort online at www.sandestin.com		
<b>DETAILS</b> Conference information is available online at we contact Meghan Martin at (334) 954-2500 or me		ial needs and/or need assistance, please	
PAYMENT Credit Card: □ VISA □ MasterCard □	American Express 🔲 Chec	k made payable to ALMDA	
Cardholder Name	E-mail address for red	ceipt	
Card Number	Exp. Date	Security Code	
Billing Address	City, State ZIP	_	
Signature		Amount: \$	