

Alabama Medical Directors Association Annual Conference July 23-26, 2020



THE ALABAMA
MEDICAL DIRECTORS
ASSOCIATION

Sandestin Golf and Beach Resort

REGISTRATION FORM – PLEASE PRINT CLEARLY

Name: _____ Name to appear on Badge: _____

CMD MD DO Administrator CRNP LPN Other _____

Company/Organization Name: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Fax: E-mail: _____ Dietary Needs: _____

MEETING REGISTRATION (Register online at www.tinyurl.com/ALMDA2020AnnualConference)

Attendees of ALMDA's conferences must be a member. If you have not paid your 2020 dues, select the appropriate category below. If you are not sure if you have paid your dues, please e-mail cmorris@alamedical.org.

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

I opt out of being listed in the ALMDA Membership Directory.

Annual Conference Registration \$300 (Add \$25 if registering after July 20)

Annual Conference Guest(s) (meal functions only) **\$75 each** Name(s): _____

ACCOMMODATIONS

Sandestin Golf and Beach Resort, Linkside Conference Center, 9300 Emerald Coast Highway, Miramar Beach, FL 32550.

For hotel reservations, call (800) 320-8115 with group code 23V9LG or reserve online at www.sandestin.com/23V9LG.aspx.

Rates begin at \$189 per night and apply for three days before and three days after the conference based on availability.

Room cutoff is June 19, 2020. We expect rooms to sell out. Reserve your room early.

DETAILS

Conference information is available online at www.ALMDA.org. If you have special needs and/or need assistance, please contact Meghan Martin at (334) 954-2500 or mmartin@alamedical.org.

PAYMENT

Credit Card: VISA MasterCard American Express Check made payable to ALMDA

Cardholder Name _____ E-mail address for receipt _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____

MAIL REGISTRATION FORMS AND CHECKS TO

ALMDA Annual Conference | Attn. Meghan Martin | PO Box 1900 | Montgomery, AL 36102-1900