



**THE ALABAMA  
MEDICAL DIRECTORS  
ASSOCIATION**

# Alabama Medical Directors Association Annual Conference July 22-25, 2021

**Sandestin Golf and Beach Resort**

## REGISTRATION FORM – PLEASE PRINT CLEARLY

Register online at [www.tinyurl.com/ALMDA2021AnnualConference](http://www.tinyurl.com/ALMDA2021AnnualConference)

**Name:** \_\_\_\_\_ **Name to appear on Badge:** \_\_\_\_\_

CMD     MD     DO     Administrator     CRNP     LPN     Other \_\_\_\_\_

**Company/Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Dietary Needs:** \_\_\_\_\_

### MEETING REGISTRATION

**Attendees of ALMDA's conferences must be a member.** If you have not paid your 2021 dues, select the appropriate category below. If you are not sure if you have paid your dues, please e-mail [cmorris@alamedical.org](mailto: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 24511Z or reserve online at [www.tinurly.com/ALMDA2021Sandestin](http://www.tinurly.com/ALMDA2021Sandestin). Rates begin at \$199 per night and apply for three days before and three days after the conference based on availability. **Room cutoff is June 18, 2021.** We expect rooms to sell out. Reserve your room early.

### DETAILS

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