

**\*\*Complete this form if you are paying by check or you are a TMA-accredited provider using your organization's one complimentary conference registration. \*\***

Credit card registrations will be processed online. We can no longer take credit cards by fax or mail due to PCI compliance.

**Please print, complete, and mail a separate registration form for each individual registering.**

Name of Registrant: \_\_\_\_\_ Professional Designations: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

\*Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Required for confirmation*

## REGISTRATION TYPE AND FEES

### BY MAY 31

### AFTER MAY 31

<input type="checkbox"/> <b>TMA-accredited provider only – one complimentary registration</b>	\$0	\$0
<input type="checkbox"/> <b>Full Conference</b>	\$335	\$360
<input type="checkbox"/> <b>Physician, Thursday Only</b>	\$175	\$175
<input type="checkbox"/> <b>Physician, Full Conference</b>	\$335	\$360
<input type="checkbox"/> <b>Speaker</b>	\$180	\$180

## Mentor/Mentee Program (Optional)

**Calling all mentors/mentees!** The purpose of this program is to develop a relationship that benefits the mentee's professional development. The program will provide guidance and assist with setting goals for newcomers. An email will be sent before the event to connect you with your match. Appropriate matches will be prepared depending on your organization and accreditation.

- I am a newcomer to CME and would like to be assigned to a mentor.
- I am an experienced CME professional and would be willing to serve as a mentor for a newcomer.

## PAYMENT INFORMATION

- Make check(s) payable to:** Texas Medical Association. One check can be submitted for multiple registrations.
- Complimentary registration for TMA-accredited providers – **ACCME ID#:** \_\_\_\_\_

### Mail registration form(s) with a check(s) and/or ACCME ID# (if using complimentary registration) to:

Texas Medical Association, CME, 401 W. 15th St., Austin TX 78701

**Refunds:** Notice of cancellation must be submitted via email at least two weeks before the start date of the conference. All refunds are subject to a \$25 processing fee. Special circumstances will be taken into consideration.

**SPECIAL REQUESTS:**  Vegetarian  Gluten-free  Food allergy: \_\_\_\_\_



In accordance with the American Disabilities Act, if you require special accommodations to fully participate in the conference, please contact **Paige Green** at [paige.green@texmed.org](mailto:paige.green@texmed.org) or **(800) 880-1300, ext. 1447**, with any special accommodations you may need.

For questions, or if you do not receive a confirmation, contact **Paige Green** at [paige.green@texmed.org](mailto:paige.green@texmed.org) or **(800) 880-1300, ext. 1447**.