

# TexMed 2019

May 17-18 | Dallas | Hilton Anatole

## REGISTRATION FORM

### THREE EASY WAYS TO REGISTER:

**Mail**  
401 W. 15th St.  
Austin, TX 78701

**Fax**  
(512) 370-1693

**Online**  
[www.texmed.org/TexMed](http://www.texmed.org/TexMed)

### GERIATRICS CME PROGRAM

Name \_\_\_\_\_

Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

### CONFERENCE EVENTS

 Please indicate which free conference events you will be attending:

#### Friday, May 17

- CME Programs
- Networking Lunch
- Opening General Session
- Welcome Reception
- TMA/TMAA Presidents' Reception
- Exhibit Hall

#### Saturday, May 18

- CME Programs
- Closing General Session
- Exhibit Hall

### BUSINESS MEETINGS

 Choose only the councils/committees/boards on which you serve or have been invited to attend.

#### Ad Hoc Meetings

- Border Health
- Health Information Technology
- Medicaid/Uninsured/CHIP
- Task Force on Behavioral Health

#### Board Meetings

- Board of Councilors
- Board of Trustees

#### Committee Meetings

- Cancer
- EMS and Trauma
- Interspecialty Society
- Membership
- Patient-Physician Advocacy
- Physician Health and Wellness
- Physicians Benevolent Fund
- Medical Home and Primary Care
- Rural Health

#### Council Meetings

- Health Service Organizations
- Legislation

#### Council Meetings (continued)

- Medical Education
- Past Presidents
- Practice Management Services
- Quality
- Science and Public Health
- Socioeconomics

#### Section Meetings

- IMG Business Meeting
- MSS Business Meeting
  - Chapter Presidents
  - Executive Council
- RFS Business Meeting
- YPS Business Meeting

#### Other Meetings

- House of Delegates
- TexMed Orientation
- Texas Delegation to the AMA
- TEXPAC
- TMA Foundation
- TMA Insurance Trust
- Other meeting not listed; specify name:  
\_\_\_\_\_

### REGISTRATION FEES

Registration fees and travel costs associated with attendance at this conference may be partially or fully tax-deductible.

- TMA Member/Texas Geriatrics Society Member **FREE**
- Nonmember physician **\$200**  
*First time TexMed attendee* **FREE**
- County Medical Society/ Association Staff **FREE**
- Physician Assistants/Certified Medical Staff **\$125**
- Practice Manager/Office Staff **FREE**  
*After May 10, 2019* **\$75**
- Nonexhibiting Vendor **\$525**

For information or to purchase TMA Foundation Gala tickets, visit [www.texmed.org/Gala](http://www.texmed.org/Gala), or contact Marilyn Anderson at (512) 370-1466.

### STUDENT/RESIDENT SCHOLARSHIPS

Help defray expenses for medical students and residents to attend TexMed by offering a donation of:

- \$25     \$50
- \$100     Other: \_\_\_\_\_

**Subtotal:** \_\_\_\_\_

### PAYMENT

- Enclosed is my check made payable to TMA
- AMEX    Discover    VISA    Mastercard

Acct. No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

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Signature \_\_\_\_\_



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Name \_\_\_\_\_

Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

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Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

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[www.texmed.org/TexMed](http://www.texmed.org/TexMed)

### OPHTHALMOLOGY CME PROGRAM

Name \_\_\_\_\_

Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

### CONFERENCE EVENTS

 Please indicate which free conference events you will be attending:

#### Friday, May 17

- CME Programs
- Networking Lunch
- Opening General Session
- Welcome Reception
- TMA/TMAA Presidents' Reception
- Exhibit Hall

#### Saturday, May 18

- CME Programs
- Closing General Session
- Exhibit Hall

### BUSINESS MEETINGS

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#### Ad Hoc Meetings

- Border Health
- Health Information Technology
- Medicaid/Uninsured/CHIP
- Task Force on Behavioral Health

#### Board Meetings

- Board of Councilors
- Board of Trustees

#### Committee Meetings

- Cancer
- EMS and Trauma
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- Membership
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- Physicians Benevolent Fund
- Medical Home and Primary Care
- Rural Health

#### Council Meetings

- Health Service Organizations
- Legislation

#### Council Meetings (continued)

- Medical Education
- Past Presidents
- Practice Management Services
- Quality
- Science and Public Health
- Socioeconomics

#### Section Meetings

- IMG Business Meeting
- MSS Business Meeting
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- YPS Business Meeting

#### Other Meetings

- House of Delegates
- TexMed Orientation
- Texas Delegation to the AMA
- TEXPAC
- TMA Foundation
- TMA Insurance Trust
- Other meeting not listed; specify name:  
\_\_\_\_\_

### REGISTRATION FEES

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- TMA Member **FREE**
- Nonmember physician **\$200**  
*First time TexMed attendee* **FREE**
- County Medical Society/  
Association Staff **FREE**
- Physician Assistants/Certified  
Medical Staff **\$125**
- Practice Manager/Office Staff **FREE**  
*After May 10, 2019* **\$75**
- Nonexhibiting Vendor **\$525**

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- \$100     Other: \_\_\_\_\_

**Subtotal:** \_\_\_\_\_

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Acct. No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_



Physicians Caring for Texans

# TexMed 2019

May 17-18 | Dallas | Hilton Anatole

## REGISTRATION FORM

### THREE EASY WAYS TO REGISTER:

**Mail**  
401 W. 15th St.  
Austin, TX 78701

**Fax**  
(512) 370-1693

**Online**  
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Name \_\_\_\_\_

Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

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May 17-18 | Dallas | Hilton Anatole

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Austin, TX 78701

**Fax**  
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**Online**  
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### PAIN MEDICINE CME PROGRAM

Name \_\_\_\_\_

Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

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### PHYSICAL MEDICINE AND REHABILITATION CME PROGRAM

Name \_\_\_\_\_

Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

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Name \_\_\_\_\_

Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

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Austin, TX 78701

**Fax**  
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**Online**  
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### WOUND CARE CME PROGRAM

Name \_\_\_\_\_

Medical License No. \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

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