

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

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

 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.

- | | |
|--|-------------------|
| <input type="checkbox"/> TMA Member/TOA Association Member | FREE |
| <input type="checkbox"/> Nonmember physician <i>First time TexMed attendee</i> | \$200 FREE |
| <input type="checkbox"/> County Medical Society/ Association Staff | FREE |
| <input type="checkbox"/> Physician Assistants/Certified Medical Staff | \$125 |
| <input type="checkbox"/> Practice Manager/Office Staff <i>After May 10, 2019</i> | FREE \$75 |
| <input type="checkbox"/> Nonexhibiting Vendor | \$525 |

For information or to purchase TMA Foundation Gala tickets, visit 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 _____

Name on Card _____

Signature _____



Physicians Caring for Texans