

SMA's MEDICAL SUMMIT & ANNUAL SCIENTIFIC ASSEMBLY 2017
The Vinoy® Renaissance St. Petersburg Resort & Golf Club
St. Petersburg, Florida * November 2-4, 2017

Return to:
SMA Registration
3500 Blue Lake Dr
Suite 360
Birmingham, AL 35243
Fax: 205.945.1830

Full Name: _____ Degree: _____ DOB: _____ Gender: _____

Practice/Company Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail address: _____

Specialty or Area of Certification: _____ (Required for Important Updates and CME)

Past Attendee? _____ How did you find out about this event? _____

Registration Fees

Additional Categories

✓ Mark Category	Category	Fee		✓ Mark Category	Category	Fee
<input type="checkbox"/>	Physician/Healthcare Professional	\$695		<input type="checkbox"/>	Flash Drive	\$25
<input type="checkbox"/>	Active/Retired Military	\$595		<input type="checkbox"/>	Printed Syllabus	\$50
<input type="checkbox"/>	SMA Alliance Member	\$135				
<input type="checkbox"/>	Non-Member Alliance or Guest	\$160		Qty: ____	Alliance Installation Luncheon (Fri.)	\$70
<input type="checkbox"/>	Medical Student/Resident/Fellow	\$0				
<input type="checkbox"/>	LIVE Webcast	\$400				

Total amount enclosed or to be charged: \$ _____

Method of Payment: ___ Check Enclosed (Payable to SMA) ___ VISA ___ MC ___ DISCOVER ___ AMEX

Card Number _____ Exp Date _____ Security Code (required) _____

Name on Card _____ Signature _____

Billing Address ___ same as above OR (include ZIP code) _____