**SMA Annual Scientific Assembly & Special JoINT SYMPOSIUM 2018**

**Return to:**

**SMA Registration**

**3500 Blue Lake Dr  
Suite 360**

**Biringham, AL 35243**

**Phone: 800.423.4992**

**Fax: 205.945.1830**

**Charleston Marriott**   
**Charleston, South Carolina \* October 31 – November 2, 2018**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_Degree**: \_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_ **Gender**: \_\_\_\_

**Practice/Company Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_ **Zip**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Required for Important Updates and CME)**

**Specialty or Area of Certification**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Attendee? \_\_\_\_\_\_\_ How did you find out about this event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Fees Additional Categories**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **✓ Mark Category** | **Category** | **Fee** |  | **✓ Mark Category** | **Category** | **Fee** |
| 🞏 | Physician/Allied Health Professional  (Includes ASH-SMA Symposium) | $495 | 🞏 | Flash Drive | $25 |
| 🞏 | Active/Retired Military | $395 | 🞏 | Printed Syllabus | $50 |
| 🞏 | SMA Alliance Member | $135 |  |  |  |
| 🞏 | Non-Member Alliance or Guest | $160 | Qty: \_\_\_ | Alliance Installation Luncheon (Fri.) | $70 |
| 🞏 | Medical Student/Resident/Fellow | $ 25 |  |  |  |
| 🞏 | LIVE Webcast | $395 |  | 🞏 | ASH\_SMA Joint Symposium **ONLY** | $175 |

**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**