



REGISTRATION

Southern Region Burn Conference
 December 5-8, 2019 | Marriott Rivercenter Hotel, San Antonio, Texas

Full Name: _____ Degree: _____

DOB (MM/DD): ____/____ Gender: _____ Specialty or Certification: _____

Practice / Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____ (REQUIRED)

PHYSICIAN attendee:

Indicate state(s) in which licensed to practice _____

NPI number or State license number _____

American Board of Internal Medicine provider number (if ABIM certified) _____

| ✓ Mark Category | Category | |
|--------------------------|--|---------|
| <input type="checkbox"/> | SMA Member Physician | \$480 |
| <input type="checkbox"/> | SMA Joining Member Physician (Includes \$320 membership and \$480 conference fee) | \$800 |
| <input type="checkbox"/> | Non-member Physician | \$1,000 |
| <input type="checkbox"/> | Military Physician | \$600 |
| <input type="checkbox"/> | Nurses | \$400 |
| <input type="checkbox"/> | Healthcare Professionals | \$400 |
| <input type="checkbox"/> | Non-Healthcare Professionals | \$400 |
| <input type="checkbox"/> | Resident/Fellow Physician | \$200 |
| <input type="checkbox"/> | Medical, Nursing and Rehabilitation Students | \$100 |
| <input type="checkbox"/> | One Day Only __ Fri __ Sat __ Sun | \$250 |
| <input type="checkbox"/> | Thursday Rehabilitation Workshop 8:00 am–5:00 pm | \$250 |
| <input type="checkbox"/> | Thursday Pediatric Burns Session 2:00–5:00 pm | \$75 |
| <input type="checkbox"/> | Thursday Advanced Burn Provider Course 8:00 am-5:00pm (This is not Advanced Burn Life Support) | \$299 |
| <input type="checkbox"/> | Friday Lunch with Exhibitors | No Fee |
| Special Events | | |
| <input type="checkbox"/> | Thursday Welcome to San Antonio Reception - <input type="checkbox"/> Need transportation to/from event | No Fee |
| <input type="checkbox"/> | Friday Meet-and-Greet Reception - Location: Exhibit Hall | No Fee |
| <input type="checkbox"/> | Saturday Burn Center Tour | No Fee |
| <input type="checkbox"/> | Saturday Farewell Reception - <input type="checkbox"/> Need transportation to/from event | No Fee |

Total amount: \$ _____ Method: ___ Check (payable to SMA) ___ VISA ___ MC ___ Discover ___ AMEX

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

Name on Card: _____

Signature: _____

Billing Address - Same as above OR: _____

Return Form With Payment to:
 Registration | SMA | 3500 Blue Lake Drive, Suite 360 | Birmingham, AL 35243
 Phone: 800.423.4992 | Fax: 205.945.1830