



# REGISTRATION

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

Full Name: \_\_\_\_\_ Degree: \_\_\_\_\_

DOB (MM/DD/YEAR): \_\_\_/\_\_\_/\_\_\_\_\_ 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 Acute Burn Care Course 8:00 am-5:00pm (This is <b>not</b> Advanced Burn Life Support)	\$299
<input type="checkbox"/>	Friday Lunch with Exhibitors	No Fee
	<b>Special Events</b>	
<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