



2025 SMA Annual Scientific Assembly

November 13-15, 2025

Hilton New Orleans Riverside, New Orleans, LA

The pricing below reflects the 20% discount offered if you register by April 30, 2025.

Full Name: _____ **Degree:** _____

DOB (MM/DD/YEAR): ___/___/_____ **Gender:** _____ **Specialty or Certification:** _____

Practice / Institution Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email Address:** _____ (REQUIRED)

✓ Mark Category	Category	Pricing
<input type="checkbox"/>	Physician SMA Member	\$520 \$416
<input type="checkbox"/>	Physician Non-Member	\$650 \$520
<input type="checkbox"/>	Physician Military SMA Member	\$440 \$352
<input type="checkbox"/>	Physician Military Non Member	\$550 \$440
<input type="checkbox"/>	Resident/Fellow SMA Member	\$80 \$64
<input type="checkbox"/>	Resident/Fellow Non Member	\$100 \$80
<input type="checkbox"/>	Healthcare Professional SMA Member	\$240 \$192
<input type="checkbox"/>	Healthcare Professional Non Member	\$300 \$240
<input type="checkbox"/>	Student	\$50 \$40
<input type="checkbox"/>	Thursday Only SMA Member	\$240 \$192
<input type="checkbox"/>	Thursday Only Non Member	\$300 \$240
<input type="checkbox"/>	Friday Only SMA Member	\$240 \$192
<input type="checkbox"/>	Friday Only Non Member	\$300 \$240
<input type="checkbox"/>	Saturday Only SMA Member	\$240 \$192
<input type="checkbox"/>	Saturday Only Non Member	\$300 \$240
<input type="checkbox"/>	Virtual SMA Member	\$400 \$320
<input type="checkbox"/>	Virtual Non Member	\$500 \$400
<input type="checkbox"/>	Guest	\$00
<input type="checkbox"/>	SMArt Bowl Ticket	\$50/each
<input type="checkbox"/>	Farewell Dinner Ticket	\$100/each
<input type="checkbox"/>	SMA T-Shirt Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>	\$25/each

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