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2023 REGISTRATION FORM

Yes, I would like to register now!

	Paid-up members: Full Registration* (choose one) O FMDA, O NADONA, O FL-GAPNA, or O FGS * New/renewing FMDA members: Full Registration* (includes \$100 for annual dues) Non-member Practitioners: Full Registration*	\$409 \$509 \$559
כ	Unlicensed Registrants: Full Registration* includes Organizational Affiliate Membership	\$689
	Physician Fellows, Interns, and Residents in geriatrics, family practice, or internal medicine (Full Registration*) Full-time Students: MD/DO/PA/NP/RN/PharmD/RPh/NHA or ALF administration (Full Registration*)	\$75 \$75
	Friday-only Registration: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, product theaters, and reception Saturday-only Registration: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, and reception Sunday-only Registration: Includes breakfast, educational sessions, and CMEs/CEs/CPEs	\$229 \$229 \$149
	Pre-conference: End-of-Life Workshops 101: The Journey from Advance Care Planning to End-of-Life (3.0 hrs.) Morning Session Only 102: Advance Care Planning with Portable Patient-Directed Physician Orders (1.0 hr.) 103: Expert Panel Discussion: Best Practices in Palliative Care and Hospice Services (1.0 hr.) All three (3) Pre-conference Sessions: (101-103) on Thursday, Oct. 19, 2023 (5.0 hrs.)	\$99 \$55 \$55 \$185
כ	Misc.: One-day Trade Show Pass (not intended for vendors)	\$65

*FULL REGISTRATION FEE: Includes attendance at all receptions, planned meals, Trade Show admission, and educational sessions, starting with session #104 on Thursday, Oct. 19, through the end of Sunday, Oct. 22, 2023. Pre-conference workshops are extra.

Name:	T	ïtle:	License #:	State:
Facility Name/Affi	iation:		Specialty:	
Mailing Address:				
City:		State/ZIP:	Phone:	
Bring a First-Time	Colleague Bonus — I referred			
Fax:	Email:		Amount enclosed:	\$

By checking this box, I consent to have FMDA share my contact information with BCP 2023 exhibitors and supporters. FMDA relies on exhibitors and sponsors to help support the organization and the conference. We hope that you will opt-in to sharing your contact information with our supporters as they promote their presence at FMDA's 32nd Annual Conference.

Make checks payable to "FMDA" and mail to: 3123 Breakwater Court, West Palm Beach, FL 33411

Credit Card Information:	MasterCard		American Express	Discover
Name on Card:		Card Number:		
Expiration Date:	CVV:		Amount: \$	
Billing Address:				
Signature:		Date:		

Please Help Us Better Process Your Registration (agenda subject to change)

1. ____ Yes, I would like to make a special meal request (contact Shane Bellotti at sbellotti@fmda.org). 2. New FMDA members: Name of the FMDA member who referred you? ______ 3. ___ Yes, I am a 1st-time attendee. 4. NOTE: Due to space limitations, planned conference meals are provided only to registrants.

*Confirm your attendance with the product theaters when you arrive at the conference - first come, first served - as space is limited.

There will be a \$75 administration fee for all written cancellation requests received on or prior to Sept. 28, 2023. There will be no refunds after Sept. 28, 2023. There is a \$35 charge for all returned checks. (561) 689-6321 • Fax: (561) 689-6324 • www.bestcarepractices.org • Email: info@fmda.org

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