

## **2024 REGISTRATION FORM**

You may also pay by credit card online at www.bestcarepractices.org.

## 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 \$125 for annual dues to save an extra \$25) Non-member Practitioners: Full Registration*	\$429 \$539 \$579	
	Unlicensed Registrants: Full Registration* includes Affiliate Membership	\$689	
	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 breakfast, 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: Show Me Some Skin! Knowledge and Skills for PALTC Skin and Wounds (4 hrs.) The first of two workshops on Thursday is Bedside Wound Care Delivery: Beyond the Slough! The afternoon will feature Practical Workshop on Geriatric Skin Diseases Commonly Seen in PALTC. Both will include didactic and hands-on components from qualified physicians who are experts in PALTC — Sign up early. — Walk-ins are welcome but limited to space availability.	\$275	
	Misc.: One-day Trade Show Pass (not intended for vendors)	\$75	
*FULL REGISTRATION FEE: Includes attendance at all receptions, planned meals, Trade Show admission, and educational sessions, starting with session #103, 3:25 p.m, Thursday, Oct. 31, through the end of Sunday, Nov. 3, 2024. Pre-conference workshop is extra.			
N	Name:License #:Sta	nte:	
F	Facility Name/Affiliation:Specialty:		
	Mailing Address:		
	City: State/ZIP: Phone:		
	Bring a First-Time Colleague Bonus — I referred: 1, 2,		
F	Fax: Amount enclosed: \$		
	<ul> <li>By checking this box, I consent to have FMDA share my contact information with BCP 2024 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 33<sup>rd</sup> Annual Conference.</li> <li>Make checks payable to "FMDA" and mail to: 3123 Breakwater Court, West Palm Beach, FL 33411</li> </ul>		
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	Credit Card Information: C MasterCard VISA American Express Discove	er	
N	Name on Card: Card Number:		
E	Expiration Date: CVV: Amount: \$		
E	Billing Address:		
s	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?			

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 Oct. 10, 2024. There will be no refunds after Oct. 10, 2024. There is a \$35 charge for all returned checks. (561) 689-6321 • Fax: (561) 689-6324 • www.bestcarepractices.org • Email: info@fmda.org

FMDA is a 501(c)(3) not-for-profit corporation. Its federal tax identification number is 81-3438184.

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