

# Registration

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Spouse/Guest Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Check One:**  ACMS/IMA Physician Member  Physician Non-Member  
 PA/NP  Retired Physician  Medical Resident

	<u>Advanced Price</u> <i>Prior to 2/18/2010</i>	<u>On-Site Price</u> <i>After 2/18/2010</i>	<u>Amount</u>
ACMS/IMA Physician, PA or NP Member .....	\$225 .....	\$250 .....	\$ _____
Non-Member .....	\$250 .....	\$275 .....	\$ _____

*Registration includes Thursday & Friday night socials, Saturday banquet, continental breakfasts & breaks*

	<u>Advanced Price</u> <i>Prior to 2/18/2010</i>	<u>On-Site Price</u> <i>After 2/18/2010</i>
Medical Resident .....	No Charge .....	No Charge
Retired Physician .....	No Charge .....	No Charge

*Registration includes Thursday & Friday night socials, continental breakfasts & breaks. If you plan to attend the Saturday night banquet you're required to purchase a \$50 dinner ticket*

### Saturday Night Banquet

**Paid Registrants** (Included in registration fee) ..... Are you attending?  Yes  No  
**Non-paying Registrants** (Required to purchase \$50 dinner ticket) ..... # of tickets \_\_\_\_\_ \$ \_\_\_\_\_  
**Spouse/Guest** (Required to purchase \$50 dinner ticket) ..... # of tickets \_\_\_\_\_ \$ \_\_\_\_\_

**Saturday Night Kid's Party** ..... # of kids attending \_\_\_\_\_ No Charge  
*ACMS will host a "Kid's Party" and provide childcare service for children of parents attending the Saturday night banquet. Kids ages 3-12 are welcome. Food, movies and kid's activities will be available free of charge.* Ages of kids \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_

### Form of Payment

Check payable to: **ADA COUNTY MEDICAL SOCIETY** Check number: \_\_\_\_\_ Check amount: \$ \_\_\_\_\_  
 Credit Card:  Visa  Master Card  American Express  
 Credit Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Amount to Charge: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

MAIL or FAX form back to: **ADA COUNTY MEDICAL SOCIETY** **OR** **FAX**  
 P.O. Box 2668, Boise, ID 83701 208-336-3294

**Registration Information Contact:**  
 Don Bich, ACMS (208) 336-2930 or Marie Chester, ACMEC (208) 331-1478