

21st ANNUAL PRIMARY CARE & CARDIOVASCULAR SYMPOSIUM
Renaissance World Golf Village Resort • St. Augustine, FL
Thursday, March 26 – Sunday, March 29, 2020



REGISTRATION FORM

Please send a copy of this registration form with your payment to:

FOMA District 2
 Attn: Crystal Horne
 7855 Argyle Forest Blvd, Suite 601
 Jacksonville, Florida 32244

Attendee Type:

<input type="checkbox"/> Physician - FOMA District 2 Paid Member	\$500	<input type="checkbox"/> RN, PA, ARNP	\$475
<input type="checkbox"/> Physician - Member of other FOMA District	\$600	<input type="checkbox"/> Resident/Medical Student	\$100
<input type="checkbox"/> Physician - Other	\$625	<input type="checkbox"/> Retired Physician	\$250

I'm paying 2020 District 2 dues, please add \$50

Note: Symposium fees will increase by \$50 as of February 28, 2020.

Attendee Full Name: (Please print)			
Medical License Number:		State of Issue:	
AOA #:		FOMA DSt 2 Member?	
Primary Specialty:		Secondary Specialty:	

Attendee Address:			
State:		Zip:	
Company:		Main Contact:	
Phone:		Email:	

Payment Method: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check # _____ (Please make payable to FOMA District 2)			
Card Number:		Name on Card:	
Expiration Date:		Security Code:	
Billing Address (if different)			
State:		Zip:	
<input type="checkbox"/> Yes, I will be attending the Saturday evening reception at 6:30 pm. Number attending _____			