

**22nd ANNUAL PRIMARY CARE & CARDIOVASCULAR SYMPOSIUM**  
**Renaissance World Golf Village Resort • St. Augustine, FL**  
**Thursday May 13- Sunday May 16, 2021**



**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   | \$600 | <input type="checkbox"/> RN, PA, ARNP             | \$475 |
| <input type="checkbox"/> Physician - Member of other FOMA District | \$650 | <input type="checkbox"/> Resident/Medical Student | \$125 |
| <input type="checkbox"/> Physician - Other                         | \$700 | <input type="checkbox"/> Retired Physician        | \$300 |

I'm paying 2021 District 2 dues, please add \$50

**Note: Symposium fees will increase by \$100 as of April 1, 2021**

**ATTEND LIVE (IN PERSON) OR VIRTUALLY- PLEASE SELECT ONE : LIVE: \_\_\_\_\_ VIRTUAL: \_\_\_\_\_**

|  |  |                      |  |
|--|--|----------------------|--|
| <b>Attendee Full Name:</b><br>(Please print) |  |                      |  |
| Medical License Number:                      |  | State of Issue:      |  |
| AOA #:                                       |  | FOMA Dist 2 Member?  |  |
| Primary Specialty:                           |  | Secondary Specialty: |  |

|                          |  |               |  |
|--------------------------|--|---------------|--|
| <b>Attendee Address:</b> |  |               |  |
| State:                   |  | Zip:          |  |
| Company:                 |  | Main Contact: |  |
| Phone:                   |  | Email:        |  |

|   |  |                       |  |
|---|--|-----------------------|--|
| <b>Payment Method:</b> <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa<br><input type="checkbox"/> Check # _____ (Please make payable to FOMA District 2) |  |                       |  |
| <b>Card Number:</b>   |  | <b>Name on Card:</b>  |  |
| <b>Expiration Date:</b>   |  | <b>Security Code:</b> |  |
| Billing Address (if different)  |  |                       |  |
| State:  |  | Zip:                  |  |

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**Hotel Info:**

**Renaissance World Golf Village Resort**

**Reservation Phone# 1-888-236-2427 Group Code: FOMFOMA Room Rate: 167/+tax**