

**26th ANNUAL PRIMARY CARE & CARDIOVASCULAR SYMPOSIUM 2025**  
**UNF- Adam W. Herbert University Center • Jacksonville, FL**  
**Wednesday May 14-2025- Saturday May 17, 2025**



**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	\$825	<input type="checkbox"/> RN, PA, ARNP	\$550
<input type="checkbox"/> Physician – Member of other FOMA District	\$875	<input type="checkbox"/> Resident.	\$100
<input type="checkbox"/> Physician – Other (MD, DPM)	\$925	<input type="checkbox"/> Medical Student.	\$25
<input type="checkbox"/> I'm paying 2025 District 2 Dues	\$75	<input type="checkbox"/> Retired Physician	\$350

**\*Note: Symposium fees will increase by \$100 as of March 30, 2025**

Hyatt Place Jacksonville: 4742 Town Center Pkwy Jacksonville, FL 32246

AC Hotel by Marriott: 5323 Big Island Dr. Jacksonville, FL 32246

**\*\*\* Please note for 2025: WE are NOT able to offer Virtual attendance. It is in person attendance only.**

**Attendee Full Name:**  
 (Please print)

<b>Medical License Number:</b>		<b>State of Issue:</b>	
<b>AOA #:</b>		<b>FOMA Dist 2 Member?</b>	
<b>Primary Specialty:</b>		<b>Secondary Specialty:</b>	

**Attendee Address:**

<b>State:</b>		<b>Zip:</b>	
<b>Company:</b>		<b>Main Contact:</b>	
<b>Phone:</b>		<b>Email:</b>	

**Payment Method:** ☐ American Express ☐ MasterCard ☐ Visa  
☐ Check # \_\_\_\_\_ (Please make payable to FOMA District 2)

<b>Card Number:</b>		<b>Name on Card:</b>	
<b>Expiration Date:</b>		<b>SecurityCode:</b>	
<b>Billing Address (if different)</b>			
<b>State:</b>		<b>Zip:</b>	