

**TMDA - TGS ATTENDEE REGISTRATION FORM**  
 TMDA/TGS Annual Meeting – Geriatrics and Long Term Care – Texas 2010  
 August 13-15, 2010 – Arlington, TX, Sheraton Arlington Hotel

Name & Title \_\_\_\_\_

Badge Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail (REQUIRED) \_\_\_\_\_

Telephone (office) \_\_\_\_\_ Fax \_\_\_\_\_

**Please Circle:**

COURSE FEES	Member Early Bird (Rec'd by 7/1/10)	Member Regular (Rec'd after 7/2/10)	Non-Member Early Bird (Rec'd by 7/1/10)	Non-Member Regular (Rec'd after 7/2/10)
1 Day: Fri. 8/13/10	\$150	\$175	\$230	\$255
2 Days: Sat. 8/14/10 & Sun: 8/15/10	\$249	\$289	\$330	\$379
3 Days: Fri. 8/13/10, Sat. 8/14/10, & Sun. 8/15/10	\$399	\$439	\$480	\$529

**\*\*\*\*NOTE: Institution that registers groups of 3 people or more is eligible for a 25% discount. In effect Attendees must be pre-registered before the July 1, 2010 early bird deadline.\*\*\*\* (PAY BY CHECK ONLY)**

I am an: TMDA Member \_\_\_\_ TGS Member \_\_\_\_ OMDA Member \_\_\_\_ AZMDA Member \_\_\_\_ NMDA \_\_\_\_

I am not a member of the above state chapters: \_\_\_\_\_

I have served as a Medical Director for \_\_\_\_\_ years.

\_\_\_\_ I have read the cancellation policy (see below cancellation policy)

\_\_\_\_ I have a disability that requires accommodation to fully participate in this conference. (Please list special need) \_\_\_\_\_

\_\_\_\_ I require special dietary needs: Vegetarian \_\_\_\_ Kosher \_\_\_\_ Vegan \_\_\_\_  
 (Please note TMDA does not serve pork entrees. Selection may incur a fee based upon availability)

On site Emergency Contact Information:

Incase of emergency call: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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**MEMBERSHIP FEES**

**I would like to join or renew TMDA and/or TGS membership:**

\_\_\_\_\_ TMDA Membership: \$75 per year.

\_\_\_\_\_ TMDA/TGS joint membership: \$135 per year

\_\_\_\_\_ TMDA Non-Physician Membership: \$37.50 per year (for fellows, RN, NP, PAs) TMDA/TGS joint membership: \$67.50.

**TOTAL AMOUNT ENCLOSED:**        \$ \_\_\_\_\_

**PAYMENT OPTIONS:**

You may go to the Texas Medical Director Association website at [www.tmda.org](http://www.tmda.org) and pay using a credit card.

\_\_\_\_\_ Check enclosed. Please make checks payable to **TMDA (see below for mailing information)**

\_\_\_\_\_ Visa        \_\_\_\_\_ MasterCard        \_\_\_\_\_ American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

*(THE TRANSACTION PROCESSED THROUGH TMDA'S PAYPAL ACCOUNT WILL APPEAR ON YOUR CREDIT CARD STATEMENT AS "TEXASMED")*

Billing Address: \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

*(as it appears on the card)*

**Mailing Payment Address:**

**TMDA**  
c/o LTC Direct, Inc.  
Attn: Cheryl Casey  
11000 Broken Land Parkway, Suite 402  
Columbia, MD 21044

You may also fax the form to 410-740-6649 and mail the check separately.

**CANCELLATION POLICY FOR MEETING REGISTRATION FEES:**

All cancellations must be made in writing to the TMDA Registrar. Notices can be emailed to [www.tmda.org](http://www.tmda.org) or faxed to 410-740-6649, Attention: Registrar. Cancellations received by July 23, 2010 will receive a full refund less a \$75.00 administrative fee. Cancellations received after July 24, 2010 or up to August 1, 2010 will be refunded half of the registration fee. Fees will be refunded the same way they were paid to TMDA. Please allow up to four weeks for delivery of refund if payment was made by check.

Cancellations received after July 30, 2010 will result in the forfeiture of all registration fees. No-Shows will also forfeit all registration fees. Partial or full fees that have been forfeited cannot be applied to subsequent meetings.