

# MMDA's 32<sup>nd</sup> Annual Conference

**Early-Bird DEADLINE is Oct. 25, 2025**

## Ingleside at Rock Creek

3050 Military Road, NW | Washington DC 20015 | Phone: (202) 499-6543

**Nov. 8, 2025**



### CONFERENCE REGISTRATION

I am a: \_\_\_\_\_ Physician \_\_\_\_\_ Medical Student or \_\_\_\_\_ Nursing Student  
(Please check one) \_\_\_\_\_ Nurse Practitioner \_\_\_\_\_ Medical Resident or \_\_\_\_\_ Nursing Resident  
\_\_\_\_\_ Nurse \_\_\_\_\_ Medical Fellow or \_\_\_\_\_ Nursing Fellow  
\_\_\_\_\_ Physician's Assistant \_\_\_\_\_ Administrator/Administrative Staff  
\_\_\_\_\_ Other Health Professional: \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

☐ By checking this box, I consent to have MMDA share my contact information with conference exhibitors and sponsors. MMDA relies on exhibitors and sponsors to help support the organization. We hope that you will opt-in to sharing your contact information with our supporters as they promote their presence at MMDA's 32<sup>nd</sup> Annual Conference.

#### Early-Bird Registration Fees (Until Oct. 25)

☐ MMDA Members..... **\$209**

☐ Non-Members..... **\$239**

#### Post-Early-Bird Registration Fees (Starting Oct. 26)

☐ MMDA Members..... **\$229**

☐ Non-Members..... **\$259**

☐ Students, Residents & Fellows – **No Fee**

#### I am Renewing/Joining MMDA – 1-Year Membership

☐ **GENERAL MEMBER:** Physicians, NPs, and PAs in practice – **\$150**

☐ **AFFILIATE:** Nurse, DON, DDS, CNS, PharmD, DPM, NHAs and trainees in all disciplines – **\$75**

☐ **EMERITUS** – **\$40** (Retired)

☐ Students, Residents & Fellows – **No Fee**

**Total fees and/or dues enclosed: \$** \_\_\_\_\_

☐ Payment by check enclosed ☐ Payment submitted at <https://midatlantic.paltmed.org/home> ☐ Payment by credit card below

☐ Visa

Name on Card: \_\_\_\_\_

☐ MasterCard

Card Number: \_\_\_\_\_

☐ American Express

Expiration: \_\_\_\_\_ Security Code (3 or 4 digits): \_\_\_\_\_

Billing Address ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Help Us Better Process Your Registration:** 1. ☐ Yes, I would like to make a special meal request and we will try to accommodate you. Contact [mmdawebsite@gmail.com](mailto:mmdawebsite@gmail.com) 2. ☐ Yes, I am a 1st-time attendee. 3. **NOTE:** Due to space limitations, planned conference meals are provided only to registrants.

**Make payments payable to MMDA and mail to: MMDA, c/o Corecare Associates**

**3123 Breakwater Court, West Palm Beach, FL 33411 • Phone: (561) 689-6321; Fax: (561) 689-6324; Email: [mmdawebsite@gmail.com](mailto:mmdawebsite@gmail.com)**

**CANCELLATION POLICY:** All registration cancellations must be made in writing to MMDA. Notices should be emailed to: [mmdawebsite@gmail.com](mailto:mmdawebsite@gmail.com) or faxed to (561) 689-6324, Attention: Registrar. Cancellations received by **Oct. 4, 2025**, will receive a refund less a **\$50** administrative fee. Cancellations received after **Oct. 18, 2025**, will be refunded one-half of the registration fee using the same method they were paid. Please allow 2 to 3 weeks for refund if payment was made by check. Cancellations after **Oct. 25, 2025**, will result in the forfeiture of all registration fees. If you do not attend, you forfeit all registration fees. Partial or full registration fees that have been forfeited will not be applied to subsequent meetings and events. Absolutely no exceptions will be made to the cancellation policy.