

Register Online!



MMDA's 33rd Annual Conference



Early-Bird DEADLINE is Sept. 19, 2026

Ingleside at Rock Creek

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

Saturday, Oct. 3, 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: _____

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 33rd Annual Conference. By checking this box, I consent to have MMDA share my contact information with conference exhibitors and sponsors.

Early-Bird Registration Fees (Until Sept. 19)

- MMDA Members**\$225
- Non-Members**\$250

Post-Early-Bird Registration Fees (Starting Sept. 20)

- MMDA Members**\$250
- Non-Members**\$295
- Students, Residents & Fellows**.....NoFee

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**.....\$95 (Retired)
- Students, Residents & Fellows**.....No Fee

Total fees and/or dues enclosed: \$ _____

Vendors: Attendee registration fees are not offered to vendors, unless their company is already a sponsor or you are a licensed practitioner.

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 2. Yes, I am a 1st-time attendee. 3. NOTE: Due to space limitations, planned conference meals are provided only to registrants and exhibitors.

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

CANCELLATION POLICY: All registration cancellations must be made in writing to MMDA. Notices should be emailed to: mmdawebsite@gmail.com or faxed to (561) 689-6324, Attention: Registration Cancellations received by **Sept. 5, 2026**, will receive a refund less a \$50 administrative fee. Cancellations received after Sept. 12, 2026, 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 **Sept. 19, 2026**, 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.