

REGISTRATION FORM

Wyoming Medical Society 2010 Annual Meeting

in partnership with the Wyoming Chapters of the ACP, AAP, AFP, APP and MGMA

June 10-12, 2010 ~ Jackson Lake Lodge

SECTION 1: ENROLLEE INFORMATION

Name _____	Preferred for Name Badge _____	
Address _____		
City _____	State _____	Zip _____
Phone _____	Fax _____	Email _____

SECTION 2: REGISTRATION

A. Physician/Resident/Student		
		After May 1, 2010
<input type="checkbox"/> WMS Member	\$310	\$330
<input type="checkbox"/> WY ACP Member	\$310	\$330
<input type="checkbox"/> Non-Member	\$385	\$410
<input type="checkbox"/> One Day - Member	\$160	\$180
<input type="checkbox"/> One Day - Non-Member	\$190	\$210
<input type="checkbox"/> Retired Physician	\$175	\$200
<input type="checkbox"/> Resident	\$175	\$200
<input type="checkbox"/> Student	FREE	FREE
A. Subtotal: \$ _____		

B. Specialty Society Affiliations	
<input type="checkbox"/> WY-ACP Town Hall Mtg: June 10, 2010	Lunch \$0
<input type="checkbox"/> WAFP Annual Mtg: June 11, 2010	Lunch Mtg \$0
<input type="checkbox"/> WY-AAP Annual Mtg: June 11, 2010	Breakfast Mtg \$0
<input type="checkbox"/> WAPP Business Meeting: June 11, 2010	Lunch \$0
B. Subtotal: \$ _____	
<i>Please check the appropriate box to indicate attendance in order for reservations to be made for meals.</i>	

C. Social Events/Other Program Tickets			
Indicate numbers for ALL events you plan to attend – include complimentary			
	Quantity	Cost	Total
Thursday			
WMS Member Lunch/MPQH	_____	\$0	Hosted
Welcome Reception	_____	\$0	Hosted
Friday			
Strolling Vendor Lunch	_____	\$0	Hosted
President's Award Reception and Dinner			
One ticket included with registration	_____	\$0	Hosted
Additional dinner tickets requested	_____	\$60	\$ _____
Kids Pizza and Movie Party	_____	\$20	\$ _____
Saturday			
WYOPAC Breakfast	_____	\$15	Sponsored
<i>(Gubernatorial Meet and Greet)</i>			
C. Subtotal: \$ _____			

D. Total Registration Fees to be Paid	
Please include all subtotals in this box.	
A. Physician/Resident/Student Registration Fee	\$ _____
B. Specialty Society Affiliations	\$ _____
C. Social Events/Other Programs	\$ _____
Grand Total Due:	\$ _____
Room Reservations:	
Please make your room reservations directly with the Jackson Lake Lodge by May 10, 2010 . Please call 1-800-628-9988 or visit www.gtlc.com . Be sure to ask for the Wyoming Medical Society room block.	

SECTION 3: TOTAL FEES

<input type="checkbox"/> Enclosed is my check made payable to WMS	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Account Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Expiration Date: _____		
3-digit CC Verification # (on back of card): _____ Mailing Address on CC Statement (if different than above) _____		
Name on Card: _____		
Cardholder Signature: _____		

Please return registration form to the Wyoming Medical Society office, Box 4009, Cheyenne, WY 82003; Fax: 307.632.1973