

## MDAAP 2019 Annual Meeting Registration Form

Name: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Dietary Considerations: \_\_\_\_\_

Disability Accommodations Requested: \_\_\_\_\_

Please indicate: MDAAP Member? \_\_\_yes \_\_\_ no

2019 Registration Costs (use one form per registrant – please indicate category of registration)

**\$70.00:** *Early Bird Registration by August 30, 2019* for MDAAP members, Full Program (includes Breakfast, all sessions, and Luncheon)

**\$80.00:** *Registration after August 30, 2019* for MDAAP members, Full Program (includes Breakfast, all sessions, and Luncheon)

**\$100.00:** Registration for Non-members, Full Program (includes Breakfast, all sessions, and Luncheon)

**\$50.00:** Registration for MDAAP members and non-members, for Luncheon only

**\$25.00:** Registration for MDAAP resident members, Full Program (includes Breakfast, all sessions, and Luncheon)

**FREE Registration** for MDAAP medical student members, Full Program (includes Breakfast, all sessions, and Luncheon)

Payment by: \_\_\_cash \_\_\_check \_\_\_credit card

Card Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV #: \_\_\_\_\_ (3-digit number on back of card)

Name (as it appears on card): \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please return this completed MDAAP 2019 Annual Meeting Registration Form with payment to:  
MDAAP, 1211 Cathedral Street, 3<sup>rd</sup> Floor, Baltimore, MD, 21201  
or scan/email to Ariana Rinda at [ariana@mdaap.org](mailto:ariana@mdaap.org). For questions, call (410) 878-9703.