SAVE the Date

Register Early!

Appalachian Addiction & Prescription Drug Abuse Conference

October 20-22, 2016
Embassy Suites » Charleston, WV

REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: _____

Additional Registrant: _____

Physician Name: _____ Practice Name: _____

If you prefer vegetarian meals, or, if you have a food allergy, please check here ❑ allergy: _____

Preferred Address: _____

(In order to help ensure proper designation of CME hours, please include your medical license number.) Medical License #: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

* YOUR REGISTRATION CONFIRMATION DELIVERED VIA EMAIL.

Do you plan to attend the **Friday Dinner Program**? ❑

❑ WVSMA or WVOMA member physician and/or staff	$195	$_____
❑ Non-member physician and/or staff	$260	$_____
❑ Non-physician and other professional	$205	$_____

$50 discount for each additional registrant from the same medical office.

First person pays full price.

TOTAL AMOUNT DUE $_____

Payment Method: ❑ Check Enclosed ❑ American Express ❑ MasterCard ❑ Visa ❑ Discover

Card No: _____ Exp. Date: _____ V Code: _____
(Three digit number on the back of the card.)

Credit Card Billing Address: _____

Signature: _____

For lodging reservations, contact Embassy Suites at
1-800-EMBASSY (347-8700)
or go online to www.EmbassySuitesCharlestonWV.com

Please fax a copy of this form to
(304) 925-0345
or mail to: WVSMA
4307 MacCorkle Ave., SE
Charleston, WV 25304