



**Working to increase a diverse and inclusive health  
professions workforce: Partnership through  
communication and collaboration  
2017 Annual Conference**

First Name:	Last Name:
Title:	
Institution/Organization:	
Address:	
City, State, Zip:	
Business Phone:	Business Fax:
Email:	

**Conference Fees Deadline: (August 04, 2017 )**

Member early Registration.....\$550 <input type="checkbox"/>	Member late Registration.....\$650 <input type="checkbox"/>
Non-member early Registration.....\$600 <input type="checkbox"/>	Non-member late Registration.....\$675 <input type="checkbox"/>
Retired NAMME Member early Registration.....\$300 <input type="checkbox"/>	Retired NAMME Members late Registration.....\$375 <input type="checkbox"/>
Student.....\$100 <input type="checkbox"/>	
One day Registration.....\$250 <input type="checkbox"/>	One day late Registration.....\$300 <input type="checkbox"/>

**Student Recruitment Fair: Recruitment Tables**

Table with Conference Registration.....\$225 <input type="checkbox"/>	Late: Table with Conference Registration.....\$300 <input type="checkbox"/>
Table w/o Conference Registration.....\$400 <input type="checkbox"/>	Late: Table w/o Conference Registration.....\$600 <input type="checkbox"/>

**Additional Fees**

Donation (tax deductible).....\$ _____ <input type="checkbox"/>	Thursday Welcome Reception Dinner.....\$ 85 <input type="checkbox"/> # Tickets <input type="checkbox"/>
Friday Keynote Lunch.....\$85 <input type="checkbox"/> # Tickets <input type="checkbox"/>	Saturday Awards & Scholarship Dinner.....\$ 85 <input type="checkbox"/> # Tickets <input type="checkbox"/>

**Membership Payments**

Regular Membership:.....\$190 <input type="checkbox"/>	Student Membership:.....\$40 <input type="checkbox"/>
Retired Member: .....\$75 <input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Renewal
<input type="checkbox"/> New <input type="checkbox"/> Renewal	

**Total Due \$** \_\_\_\_\_

\_\_\_ Visa \_\_\_ M/C \_\_\_ AMEX \_\_\_ Personal Check # \_\_\_\_\_ \_\_\_ Institutional Check # \_\_\_\_\_

**Check/ Card Number:** \_\_\_\_\_

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

**Expiration Date:** \_\_\_\_\_ **CCV** \_\_\_\_\_

Student Recruitment Fair – Saturday, September 23, 2017 2:00pm to 4:30pm

**Mail Forms & Payment to: NAMME Annual Meeting  
1500 Sunday Dr, Suite 102 Raleigh, NC 27607**

Fax to 919-787-4916 or Email to [dbraswell@firstpointresources.com](mailto:dbraswell@firstpointresources.com)

*Cancellation Policy: A \$75 processing fee will be applied to all written requests for refunds received 45 days prior to start of meeting (September 21, 2017). Notices received after 8/04/2017 will forfeit 50% of their registration payment. No refunds will be given after 8/16/2017.*