

ANNUAL MEETING REGISTRATION

☐ YES, I will attend the 2015 NCMS Annual Meeting.

Name	Degree(s)
Specialty	Practice Name/Affiliation
E-mail address	
Name(s) of Guest(s)	
Special Needs/Dietary Requirements	

DELEGATE? ☐ Yes ☐ No

If yes: representing which organization/section?

PLEASE SELECT FROM BELOW:

(more than one option may apply)

- | | |
|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Poster Session Presenter |
| <input type="checkbox"/> 2015 or 2016 Leadership Scholar | <input type="checkbox"/> Practice Staff Member |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> County Executive Director |
| <input type="checkbox"/> Resident/Fellow | <input type="checkbox"/> Exhibitor |
| <input type="checkbox"/> Student | <input type="checkbox"/> Guest |

NCMS MEMBER? ☐ Yes ☐ No

PLEASE INDICATE THE **NUMBER** ATTENDING THE EVENTS BELOW

- | | |
|---|--|
| ___ Keys to Resilience CME (Fri.) | ___ NCMS PAC Breakfast (Sat.) * |
| ___ Mastering the Art of Behavior Change CME (Fri.) | ___ House of Delegates Session 2 (Sat.) |
| ___ House of Delegates Session 1 (Fri.) | ___ Women in Medicine Luncheon (Sat.) |
| ___ Cocktail Reception (Fri.) | ___ Legislative Summit (Sat.) |
| ___ Presidential Inauguration (Fri.) | ___ Golf Outing (Sat.) \$75 fee per golfer |
| ___ Inaugural Reception (Fri.) | |

*NCMS PAC membership required to attend

FEES AND PAYMENT

If you have golf fees, please provide payment information below.

TOTAL FEES: \$ _____

- ☐ I have enclosed a check made payable to the North Carolina Medical Society
- ☐ Please charge my ___ Visa ___ Mastercard

Credit Card Number

Exp. Date (MM/YY)

Security Code

Name on Credit Card

Fax this form to (919) 833-2023 | Return by mail: NCMS, PO Box 27167, Raleigh, NC 27611

REGISTER ONLINE ANYTIME AT WWW.NCMEDSOC.ORG/ANNUALMEETING