

2010 Registration Form

Old Dominion Medical Society 105th Annual Meeting

Ramada On the Beach, Virginia Beach, VA

June 18-20, 2010

Each attendee must complete a separate registration form. Please copy this page if you need additional forms.

Name: _____ Name for Badge: _____
 Spouse/Guest: _____ Name for Badge: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____ Email: _____

FULL REGISTRATION: *Includes Scientific Sessions, Sponsor Reception, Dinner Presentation, Continental Breakfast, Luncheon, President's Award Reception, and Sunday Breakfast.*

	EARLY BIRD MAY 31	AFTER May 31	COST
ODMS Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325	\$ _____
ODMS Member and Spouse	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	\$ _____
Non-Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	\$ _____
Non-Member and Spouse	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475	\$ _____

CME ONLY

Physicians	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	\$ _____
Residents, Nurses and Allied Health Professionals	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$175	\$ _____
Medical Students	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$100	\$ _____

OTHER ACTIVITIES

Child Care Program (fee per child)	<input type="checkbox"/> \$175		\$ _____
<i>Additional ticket purchase for non-registered guests</i>			
Welcome Reception	<input type="checkbox"/> \$ 25		\$ _____
President's Award Reception	<input type="checkbox"/> \$ 50		\$ _____
Luncheon	<input type="checkbox"/> \$ 35		\$ _____
Sunday Gospel Breakfast	<input type="checkbox"/> \$ 25		\$ _____

TOTAL ENCLOSED \$ _____

Payment Information: _____ Check Enclosed _____ Visa _____ MasterCard _____ AmEx

Credit Card #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

_____ Please indicate (by checking here) if you will be attending the Saturday Night Banquet & Awards Ceremony.

A special room block has been reserved for conference attendees at Ramada On the Beach at \$175, or Turtle Cay Resort at \$195 per room per night. Call 1-866-735-8115 by May 17 to reserve your room at this special rate. Be sure to mention that you will be attending the Old Dominion Medical Society Conference.



Please complete form and enclose your check made payable to
 ODMS or provide credit card information and mail or fax to:
 ODMS • P.O. Box 74428 • Richmond, Virginia 23236
 Fax: (866) 959-2671

