



# 2018 Registration Form

Old Dominion Medical Society  
Virginia Crossings Hotel & Conference Center , Richmond, VA  
September 29th, 2018

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

Name: \_\_\_\_\_ Title: MD \_\_\_\_ DO \_\_\_\_ Other \_\_\_\_

Spouse/Guest: \_\_\_\_\_ Name for Badge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(    ) \_\_\_\_\_ Fax:(    ) \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation (s) \_\_\_\_\_

NMA Member: Yes \_\_\_\_ No \_\_\_\_,      ODMS Member: Yes \_\_\_\_ No \_\_\_\_,      Speaker: \_\_\_\_\_,

**FULL REGISTRATION: Includes Scientific Sessions, Breakfast, Lunch & Dinner Presentations**

	Pre-Registration Before Sept 1	On Site Registration After Sept 1	COST
<b>ODMS MEMBERSHIP DUES</b>	<input type="checkbox"/> \$200 for 2018 (if not paid)		\$ _____
ODMS Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	\$ _____
Non-ODMS Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	\$ _____
Non-Physician Spouse/Guest	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	\$ _____
Medical Student / Residents	<input type="checkbox"/> \$0	<input type="checkbox"/> \$50	\$ _____
<small>(Medical Students and Residents are no charge with a letter from the Dean)</small>			
<b>TOTAL ENCLOSED</b>			\$ _____
<small>(check or credit card)</small>			

There is a cancellation fee of \$50.00. There will be NO REFUNDS after September 15, 2018.

Payment Information:    \_\_\_\_ Check Enclosed    \_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ AmEx

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**For further information, call (804) 675-7502**

Please complete form and enclose your check made payable to  
Old Dominion Medical Society  
P.O. Box 74428, N. Chesterfield, VA 23236

