



*Nevada Osteopathic
Medical Association*

*Embassy Suites
4315 S. Swenson St.
Las Vegas, NV*

Annual Convention April 28—May 2, 2010

Embassy
Suites

Las Vegas,
NV

Room Rate
\$139.00
(code Nevada
Osteopathic
Medical
Assoc)
1-800-
Embassy

Book Before
March 30,
2010

NOMA Federal Tax ID
Number:
88-0176033

**30 hours
Primary
Care**

**1-A
CME credit**

*this program anticipates
being approved for the
above hours for AOA
category 1A CME credits
pending approval by the
AOA

PRE-REGISTRATION FORM

FULL NAME		<input type="checkbox"/> D.O. <input type="checkbox"/> M.D.
ADDRESS		
CITY/ST/ZIP		
OFFICE TELEPHONE: ()	HOME TELEPHONE: ()	
AOA NUMBER:	OSTEOPATHIC COLLEGE & YEAR	
AREA OF PRACTICE/SPECIALTY:		

REGISTRATION FEES

	NOMA Member	@ \$450.00	After April 10	\$500.00
	Non Member	@ \$500.00	After April 10	\$550.00
	Retired Physician, Resident	@ \$250.00	After April 10	\$300.00
	PA's & RN's	@ \$250.00	After April 10	\$300.00
	Interns and Students	@ \$75.00	After April 10	\$100.00
	One Day including	@ \$200.00	After April 10	\$225.00
	Presidents Banquet Per person	@\$65.00		

<input type="checkbox"/> Mastercard	CARD #	EXPIRATION DATE:
<input type="checkbox"/> VISA	SIGNATURE:	3 Digit Code:
		Billing Zip Code:

CANCELLATIONS & REFUNDS:

Requests for refunds *MUST* be submitted in writing to NOMA. All requests received will be assessed a \$50.00 refund charge. *NO REFUNDS* will be made on requests received after April 10, 2010.

MAIL or FAX REGISTRATION FORM WITH PAYMENT TO:
NOMA
PO Box 90601
Henderson, NV 89009-0601

Phone: (702) 434-7112
Fax: (702) 434-7110
Email: nvoma@earthlink.net
www.nevadaosteopathic.org