

# PMCAA Registration 2024

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Home ☐ Office ☐

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

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Speciality: \_\_\_\_\_



**Patiala Medical College  
Alumni Association**  
[www.pmcaa.com](http://www.pmcaa.com)

Spouse's Name: \_\_\_\_\_

Is your spouse a Doctor? Y ☐ N ☐ If yes, complete the following:

Address: \_\_\_\_\_ ☐ Same as above

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

College: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Speciality: \_\_\_\_\_

MEMBERSHIP CATEGORIES: ☐ Patron / Medical Student / Resident / Fellow - Proof may be needed (No Membership Fees)

☐ \$1000 Patron (Life) Membership ☐ \$100 Annual Membership

☐ \$2000 Joint Patron Membership ☐ \$200 Joint Annual Membership

<b>Package A:</b> Friday & Saturday gala events, all meals, Thursday through Sunday <b>Package B:</b> Friday & Saturday gala events, Saturday and Sunday breakfast <b>Package C:</b> Saturday gala event, Sunday breakfast			-----
Packages (per person)	Adults 13 & over	Children 5-13 Yrs (children under 5 free)	-----
A	\$400 x ____	\$250 x ____	\$ _____
B	\$300 x ____	\$200 x ____	\$ _____
C	\$200 x ____	\$150 x ____	\$ _____
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CME (per physician)	\$100 x ____	-----	\$ _____
PHF Donation (Voluntary)	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$500	<input type="checkbox"/> \$200 <input type="checkbox"/> \$100	\$ _____
<b>TOTAL</b>	-----	-----	\$ _____

**Please add \$50 per person for each package after October 30, 2024 (No exceptions)**  
**(Cancellation: \$100 before November 15th, no refunds thereafter)**

Make checks payable in US dollars to PMCAA

Mail this registration form to: 46, Dhaliwal Colony, Patiala 147001, India or Email at [drgsrandhawa@yahoo.com](mailto:drgsrandhawa@yahoo.com)