

PMCAA Registration 2018

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

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

\$ _____

Package A: Friday & Saturday gala events, all meals, Thursday dinner and Sunday breakfast			-----
Package B: Friday & Saturday gala events, Friday, Saturday and Sunday breakfast			-----
Package C: Saturday gala event, Sunday breakfast			-----
Packages (per person)	Adults 13 & over	Children 5-13 Yrs (children under 5 free)	-----
A	\$500 x ____	\$250 x ____	\$ _____
B	\$400 x ____	\$200 x ____	\$ _____
C	\$300 x ____	\$150 x ____	\$ _____

CME (per physician)	\$100 x ____	-----	\$ _____
PHF Donation (Voluntary)	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$500	<input type="checkbox"/> \$200 <input type="checkbox"/> \$100	\$ _____
TOTAL	-----	-----	\$ _____

**Please add \$50 per person for each package after June 30, 2018 (No exceptions)
(Cancellation: \$100 less per package until July 20, no refunds after July 20)**

Make checks payable in US dollars to PMCAA

Mail this registration form to: 2030 Channel View terrace, Chester, VA 23836