

REGISTRATION FORM

Attendee's Name: _____

Spouse's Name: _____

Children's Name and ages: _____

Guest(s): _____

Mailing Address: _____

Phone: _____ Fax: _____ email: _____

Please note all funds are in U.S. dollars

I) Registration Fee: Payment postmarked by:

June 15, \$175 After June 15, \$225

(First time attendees deduct 50%. Residents, Fellows, outside North America no registration fee)

Sub-total (I): \$ _____

II) CME Fee: Member \$75 each Guests \$50 each

Sub-total (II): \$ _____

No CME fee for speakers, residents, attendees outside North America

III) Annual Membership Dues:

\$75 year / \$300 life membership / \$0 I am a life member

Sub-total (III): \$ _____

IV) Package Selected: (please see the packages page)

circle one **A** **B** **C**

Number of people attending: Adults/Youth _____ Children (3-10years) _____

Sub-total IV): \$ _____

Please add lines I, II, III, and IV to get your **Total: \$** _____

Please make cheques payable to **AMDAANA**

Mail forms and payment to: Dr. G. Gill,

5400 Portage Rd, Unit 404, Niagara Falls, Ontario, Canada L2G 5X7

Contact: Phone: 905-356-5983 (day), 905-356-9225 (evening and week end) Email: amdaana2010@gmail.com

If attending the conference, First time _____ Second time _____

If participating in Culture activity, Adult _____ Child _____

Song _____ Jokes _____ Dance _____ Other _____