## 22nd Annual CME in the Sand Sponsored by MSMA Young Physician Section May 24-28, 2024 Sandestin Golf and Beach Resort

ATTENDEE REGISTRATION: (Please PRINT Clearl	ly)		
Name:			
Practice/Clinic Name:			
Specialty:	E-mai	sil:	
Preferred Address:			
City:	State:	Zip:	
Phone:	Cell Phone: _		
Spouse/Guest:			
Children's Name and Age:			
			_
EVENT REGISTRATION: (All events are included in	n registration fee. Pl # Adults	Please check all that you plan to attend) # Children	
CME Sessions – May 25 – 38			
Welcome Reception – Friday, May 24			
Family Dinner – Sunday, May 26			
Opt- in: Please share my contact information (name & office address only) with exhibitors upon request. Yes 🛛 No 🗌			
Registration Fee: Member: \$500 - Non Member: \$550 - Nurse Practitioner: \$500 – PA: \$500			
Payment accepted by check or credit card or v	visit www.MSMAor	nline com to register online	
Credit Card: Visa MasterCa		American Express	
Card Number:		_ CVV:Expiration:	
Billing Address:			
Print Name on Card:			
CANCELLATION POLICY:	ation your full roa	-intertion for loss CEO processing for will be	
refunded if notified on or before May 15, 202		gistration fee, less \$50 processing fee, will be I be made after May 15th.	
	-	orms with payment to: ells, PO Box 2548, Ridgeland, MS 39158	