

36th Annual Balloon Fiesta Medical Symposium



The New Mexico Osteopathic Medical Association invites you to participate in our 36th Annual Balloon Fiesta Medical Symposium. This year we are offering 30 AOA 1-A CME Credits (Pending the approval of the AOA Council on Continuing Medical Education).

When: Wednesday, October 5th, 2015 – Sunday, October 9th, 2016

Registration begins on Wednesday, October 5th, 2016 at 9:00 am

Courses begin on Wednesday, October 5th, 2016 at 2:00 pm then

Thursday – Saturday from 10:00 am – 5:00 pm, and

Sunday from 9:00 am - Noon

Where: Crown Plaza Albuquerque, 1901 University Blvd. NE, Albuquerque, NM 87102 (505) 884-2500

What: Family Practice, Internal Medicine, Emergency Medicine, Pediatrics, Men's Health, Women's Health, Pain Management, Practice Management, Medical Marijuana

Fees:	Any Osteopathic State Association Member Registration Fee	\$545.00
	Non-Member Registration Fee DO/MD	\$750.00
	Retired (No Active License in ANY STATE)	\$300.00
	Active Military Registration Fee	\$300.00
	Physician Assistant	\$300.00
	NP/RN	\$300.00
	DOM/DC	\$750.00
	1 st Year Practicing DO	\$300.00
	3 rd /4 th year Med Student or Resident	FREE

Please Turn Over for Registration Form or GO TO <http://www.nmoma.org>

Mail Form To: NMOMA, PO Box 53098, Albuquerque, NM 87153 or Fax To: 505-404-0607 or email to admin@nmoma.org

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Mail Form To: NMOMA, PO Box 53098, Albuquerque, NM 87153 or Fax To: 505-404-0607 or email to admin@nmoma.org

Name: _____ AOA# _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: (____) _____ - _____ Fax: (____) _____ - _____

Name of COM / Medical School: _____ Year Completed _____

Will you be Staying at the Host Hotel: YES NO

Are you a member of the New Mexico Osteopathic Medical Association (NMOMA)? YES NO

If not, what Osteopathic State Medical Society/Association are you a member? _____

How many AOA 1-A CME Credits would you like to register for? _____ (Min. is 20 and Max is 30)

Multiply the number of hours you are registering for by the following:

	Other Osteopathic State Active Member	Non-Member or MD/DC/DOM	Retired Physician (inactive License) or Active Military or PA / NP / RN or 1 st year Physician	3 rd and 4 th year rotation and Residents
	\$18.17	\$25.00	\$10.00	Free

For example: You are not a member of any Osteopathic State Association and you would like to attend the symposium to get 22 hours of AOA 1-A CME Credits: 22 hours x \$25.00 = \$550. You will be charged \$550.00

Name as it appears on your Credit Card: _____

Credit Card Number: _____ Expires: ____/____

Billing Address: _____

Billing City, State and Zip: _____ Total charge: \$ _____

Signature: _____ Date: _____

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