



THE ALABAMA
MEDICAL DIRECTORS
ASSOCIATION

ALMDA
19 S. Jackson Street
Montgomery, Ala. 36104
(334) 954-2500 | Fax (334) 269-5200
www.almda.org

2018 Individual Membership and Conference Registration

Name: _____ Professional Designation: _____

Facility Name: _____

Facility Address: _____
Street or PO Box City, State ZIP

*Home Address: _____
Street or PO Box City, State ZIP

Facility Phone: _____ *Cell Phone: _____

Fax: _____ *E-mail: _____

☐ Check here to opt out of being listed in the 2018 ALMDA Member Directory.
(*Home addresses, cell phone numbers and e-mail addresses will not be published).

Select a Membership Category

- | | |
|--|---|
| ☐ Regular Membership: \$100
Physicians and Nurse Practitioners involved in long-term care | ☐ Associate Membership: \$50
Nurses, Pharmaceutical Representatives, Administrators, and any other professional involved in long-term care |
|--|---|

Meeting Registration

Mid-Winter Conference (Jan. 27, 2018, Birmingham) (Add \$25 if registering after Jan. 19.)

- | | |
|---|---|
| ☐ Regular Member \$200 | ☐ Physician/CRNP Nonmember \$300 |
| ☐ Associate Member \$200 | ☐ Associate Nonmember \$250 |

Accommodations

For hotel reservations, call the Birmingham Marriott at (888) 426-5171 and ask for the Alabama Medical Directors Association Room Block or reserve online at www.tinyurl.com/ALMDAmarriott. Rate for Friday, Jan. 26, is \$139.
Room cutoff is Jan. 5, 2018.

Annual Conference (July 26-29, 2018, Destin, Fla.) (Add \$25 if registering after July 20)

- | | |
|--|---|
| ☐ Regular Member \$300 | ☐ Physician/CRNP Nonmember \$400 |
| ☐ Associate Member \$300 | ☐ Associate Nonmember \$350 |
| ☐ Guest(s) (meal functions only) \$75 each Name(s): _____ | |

Accommodations

When available, hotel reservation information will be posted at www.almda.org/page/upcoming-events-1.

PAYMENT:

Credit Card: ☐ VISA ☐ MasterCard ☐ American Express ☐ Check payable to ALMDA

Cardholder Name: _____

Billing Address: _____
Street or PO Box City, State ZIP

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Email for Receipt: _____ Amount: \$ _____

Complete form and return to: Alabama Medical Directors Association (ALMDA)
P.O. Box 1900 • Montgomery, AL 36102 • Fax: (334) 269-5200

For more information, please contact Jennifer Hayes at JHayes@alamedical.org or (334) 954-2500.