REGISTER TODAY!

MMDA 2020
Annual Meeting/Conference

GOING VIRTUAL

NOVEMBER 13 - 14, 2020
MMDA, MID- ATLANTIC SOCIETY FOR POST- ACUTE AND LONG-TERM CARE MEDICINE, INC.
2020 ANNUAL MEETING/CONFERENCE

MMDA is the regional – Delaware, Maryland, and Washington, D.C. – affiliate chapter of AMDA, The Society for Post-Acute and Long-Term Care Medicine, supporting medical directors, physicians, nurse practitioners, and other clinicians practicing in the long-term care continuum. MMDA provides education, advocacy, information and professional development for our members.

CONFERENCE TOPICS INCLUDE

• COVID-19 Lessons Learned
• Behavioral Health Concerns
• Hot Topics: Literature Year in Review
• Patient Driven Payment Model (PDPM)
• Assisted Living: What It Is and What It Is Not
• Update on SNF and LTC Laws and Regulations
• Immunizations
• Medical Marijuana and Older Adults
Due to COVID-19, the conference will be virtual. Stay tuned for more details!

Be one of the first 50 registrants and you could win a "gift card basket of cheer!"
Only one (1) winner from the first 50 registrants. Winner to be announced during the meeting. You MUST be present - no exceptions.
CANCELLATION POLICY

All registration cancellations must be made in writing to MMDA. Notices should be e-mailed to: mmdawebsite@gmail.com or faxed to 410-385-0154, Attention: Registrar. Cancellations received by October 16, 2020 will receive a refund minus the $50.00 administrative fee. Cancellations received after October 16, 2020 up to October 30, 2020 will be refunded one-half of the registration fee. Fees will be refunded the same way they were paid to MMDA. Please allow four to six weeks for delivery of refund if payment was made by check. Cancellations after October 30, 2020 will result in the forfeiture of all registration fees. If you do not attend, you forfeit all registration fees. Partial or full registration fees that have been forfeited will not be applied to subsequent meetings and events. Absolutely no exceptions will be made to the cancellation policy.

CONFERENCE REGISTRATION

I am a: [ ] Physician  [ ] Medical Student
(Please check one)
[ ] Nurse Practitioner  [ ] Medical Resident
[ ] Nurse  [ ] Fellow
[ ] Physician’s Assistant  [ ] Administrator/Admin Staff
[ ] Other Health Professional, list here: ________________________

Name: ___________________________________ Phone: _________________________

Address: ________________________________________________________________

City/State/Zip: ____________________________________________________________

Email: __________________________________ Fax: _____________________________

Registration Fees (Please check one)

[ ] MMDA Members: $225
[ ] Non-Members: $250
[ ] Fellows – No fee
[ ] Residents – No fee
[ ] Students – No fee

I am renewing/joining MMDA for 2021:

[ ] 1 - year membership

[ ] MEMBER – $125 (physicians, NPs, and PAs in practice)
[ ] AFFILIATE – $75 (nurses, DONs, DDS, CNS, Pharm D, DPM, and trainees in all disciplines)

Total fees and/or dues enclosed: $ ________.

[ ] Payment by check enclosed.

[ ] Payment submitted online www.midatlanticmda.org.

[ ] Payment by credit card below.

[ ] Visa Name on Card: ________________________________

[ ] MasterCard Card Number: ________________________________

[ ] American Express Expiration: _______ Security Code (3 or 4 digits) _________

Billing Address Zip code: _______ Phone: _________________________

Email: _________________________ Fax: __________________________

Cardholder’s Signature: ________________________________

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FOR OFFICE USE ONLY

Agreement received: _________ By: _________ Notes: ________________________________