

**MAIL** a copy of the registration form with payment to 322 Canal Walk, Indianapolis, IN 46202-3268.

**FAX** the registration form with your credit card details to (317) 261-2226.

**CALL** (800) 257-4762 or (317) 261-2060 to register by phone with credit card.

**REGISTER ONLINE** at [www.ismanet.org/convention](http://www.ismanet.org/convention).

# REGISTRATION FORM

## ISMA 162nd Annual Convention and ISMA Alliance Convention Sept. 16-18, 2011 – Indianapolis Marriott Downtown

Name \_\_\_\_\_

Guest/Spouse name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

- ISMA member     Non-member physician     Alliance member     ISMA member staff     Other
- Please reserve a handbook and resolutions for me to pick up at the Friday or Sunday House session (delegates or alternates only).
- Please send me a flash drive containing the resolutions (delegates or alternates only).
- I will require wireless access.                       I prefer a vegetarian meal.
- I require special accommodations to fully participate. (Please attach a description of your needs.)

**IMPAC Luncheon**  
\_\_\_\_\_ @ \$40 ea. = \$ \_\_\_\_\_

**Presidents' Night**  
\_\_\_\_\_ @ \$60 ea. = \$ \_\_\_\_\_

**Enforcing Nutrition on Our Teens:  
Are We Helping or Hurting?**  
\_\_\_\_\_ @ \$49 ea. = \$ \_\_\_\_\_  
*Registration Required - FREE for Convention Delegates*

**Breast Cancer 2011: Raising the Bar**  
\_\_\_\_\_ @ \$99 ea. = \$ \_\_\_\_\_  
*Registration Required - FREE for Convention Delegates*

**Prepare to Answer Patients Who Ask  
About Living Kidney Donation**  
\_\_\_\_\_ @ \$49 ea. = \$ \_\_\_\_\_  
*Registration Required - FREE for Convention Delegates*

**ICD-10-CM Coding:  
Getting Started for Physicians**  
\_\_\_\_\_ @ \$79 ea. = \$ \_\_\_\_\_  
*Registration Required - FREE for Convention Delegates*

**Alliance Registration**  
\_\_\_\_\_ @ \$40 ea. = \$ \_\_\_\_\_

### CME sessions FREE for Convention Delegates

**Total amount due** \$ \_\_\_\_\_

I will be paying by:

Check:     Payable to Indiana State Medical Association

Charge:     VISA     Master Card

Account # \_\_\_\_\_

Expiration date \_\_\_\_\_

Print name of cardholder \_\_\_\_\_

Cardholder address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of cardholder*

*Please duplicate and fill out separate registration form for additional seminar attendees.*

*Check-in begins 30 minutes prior to CME activity.*

*Don't forget to make your hotel reservations. You must call the hotel directly at (800) 266-9432; remember to ask for the ISMA rate. To reserve a room online via the ISMA page on the hotel's website, visit [www.ismanet.org/go/reserve11](http://www.ismanet.org/go/reserve11).*