

REGISTRATION FORM – Due by May 24

MMA/MNA Convention 2010

Williamsburg Woodlands - June 24–27, 2010

Name: _____ Degree: _____ Spouse: _____ Degree: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Names and ages of all children: _____

Mennonite Medical Association member(s)?: Yes _____.

Mennonite Nurses Association member(s)?: Yes _____.

Registration Fees:

These fees cover Convention expenses plus a special conference ticket to access Historic Area trade sites and museums in Colonial Williamsburg for the duration of your visit to Convention 2010. (a \$17 cost per person, for the weekend – usual cost \$30/person/day)

Members (MNA & MMA) - \$175. \$_____ Spouse (whether member or not) - \$65. \$_____ Children:
_____ @ \$35 each: \$_____ Student Members: (MNA & MMA) - \$40. \$_____

- If your registration is postmarked by May 10, you may subtract \$15 from the total Registration.
- For cancellations received by May 10 - 100% refund, less \$25 processing fee. Those received by June 4 - 50% refund, less \$25 fee. After June 4 - NO refunds.

Registration Total: \$ _____

Lodging: Will be handled directly with Colonial Williamsburg Foundation – see back page (6) for more detail.

Meals:

Room registration includes a hearty Continental breakfast at the hotel. Weekend meal package includes other meals, snacks, taxes and gratuity. Meals included begin Thursday evening through Sunday noon boxed lunch. The package does NOT include Friday evening meal, which will be on your own. "Child packages" include those under age 12.

Meal Packages: Adult: # _____ X \$165 = \$ _____ ; Child: # _____ X \$130 = \$ _____ ; Meal Package Total: \$ _____

If you are unable to participate in all weekend meals, you may subtract \$30 for each adult dinner and \$25 for each child dinner; or \$15 for each adult lunch and \$10 for each child lunch. In the worksheet below, Indicate how many individual meals will not be needed, and subtract the total cost of those meals from the Meal Package Total above.

# Meals Omitted	Thurs	Friday	Saturday	Sunday	Total # omit	Cost /meal	Amt. to subtract
Adult lunches						\$15	\$
Child lunches						\$10	\$
Adult dinners		NA				\$30	\$
Child dinners		NA				\$25	\$
						Total subtracted	\$

Revised Meal Package Total: \$ _____

Make checks payable to -- and mail to:

MENNONITE MEDICAL ASSOCIATION - 183 Grandview Drive, Harrisonburg, VA 22802

Grand Total Enclosed: \$ _____

OR: I prefer to pay by credit card: MasterCard _____ VISA _____

16 digit #: _____ ; Exp. Date: _____ ; 3 digit V-code: _____

Billing Address: _____ Authorized Signature: _____