

REGISTRATION FORM

36TH ANNUAL AMDAANA CONFERENCE

July 31 - August 03, 2014

Gaylord National Resort and Convention Center

201 Waterfront Street, National Harbor, MD, 20745

Attendee's Name : Year of Graduation

Spouse's Name :

Children's name : Age

Second Children name : Age

Guest(s) :

Mailing Address :

Phone : Fax : Email :

Please note all funds are in U.S. Dollars

I) Registration Fee: Payment postmarked by:

(1) April 26, \$150 (2) June 15, \$175 (3) After June 15, \$225

(Residents, Fellows, Camdaanians, outside USA and Canada, no registration fee) \$ _____

II) CME Fee: (1) Member \$75 (2) Guests \$50 each

(No CME fee for speakers, residents, Camdaanians, attendees outside North America) \$ _____

III) Annual Membership Dues:

(1) \$75 yearly (2) \$300 Life Membership (3) no fee for life members \$ _____

IV) Package Selected: (Please see the package page) **Circle one A B C**

Number of people attending: (a) Adults _____ (b) Children (3-10 years) no. _____
 Youth _____
 Guest _____ Total no. _____

(IV) a Sub total \$ _____

(IV) b Sub total \$ _____

Please add lines I, II, III and IV (a & b) to get your Grand Total \$ _____

Please make checks payable to AMDAANA

Mail Form & Payment to: Inderjit Singh M.D.
 7532 Thistledown Trail
 Fairfax station, VA 22039

Contact phone : 703-425-3604

Email : Amdaana2014@gmail.com

If participating in :

Pahuja Night: Song__ Joke__ Other__

Kids in CAMDAANA : Dance__ Song__ Other__