

REGISTRATION FORM

The Association of Ringside Physicians 2018 Annual Medical Seminar

Seminar: October 27-28/ Exam Certification: October 29

First name _____ Last name _____ Nick name _____

Last Four Digits of Social Security # (required for CME credit) _____ (International participants - use 0 0 0 0)

Degree/Credentials: _____ Specialty: _____

Institution: _____

Address: _____ Home Office

City: _____ State: _____ Country: _____ Postal Code: _____

Daytime Phone: _____ Email address (required): _____

Spouse/Guest names: _____

Hotel accommodations and personal transportation not included in registration fee.

Registration Fees

ARP Member	<input type="checkbox"/> ARP Member, Physician - Registered or postmarked on or before 9/30/18	\$475
	<input type="checkbox"/> ARP Member, Physician - Registered or postmarked after 9/30/18	\$550
	<input type="checkbox"/> ARP Associate Member (Non-Physicians)	\$150
	<input type="checkbox"/> ARP Member, Medical Students/ Residents	\$150
	<input type="checkbox"/> Certification Exam - ARP Members, Physician	\$239

ARP Non-member	<input type="checkbox"/> ARP Non-Member, Physician –Registered or postmarked on or before 9/30/18	\$650
	<input type="checkbox"/> ARP Non-Member, Physician –Registered or postmarked after 9/30/18	\$725
	<input type="checkbox"/> ARP Non-Member Associate (Non-Physicians)	\$250
	<input type="checkbox"/> ARP Non-Member, Medical Students/ Residents	\$250
	<input type="checkbox"/> Certification Exam - ARP Non-Members, Physician	\$299

Additional Fees	<input type="checkbox"/> Commuter Fee (if not staying at Harrah's Las Vegas)	\$120
	<input type="checkbox"/> Banquet Tickets \$100 per person (not included in registration fee)	_____ Tickets X \$100 = \$_____
	<input type="checkbox"/> UFC Performance Institute Tour Tickets \$25 each	_____ Tickets X \$25 = \$_____
		Total: \$_____

Certification Exam I plan to take the Certification Exam on October 29, 2018
(payment for exam will be done on site) Yes No

To join ARP or to renew membership, visit www.RingsideARP.org, or complete the membership form on the following page.

Ways to register:

1. Online at www.RingsideARP.org

2. Mail to:

ARP
2424 American Lane
Madison, WI 53704

3. Fax using Visa, Mastercard or AmEx: Complete information below and fax to 608-443-2474.

Credit Card (select one): Visa MC AmEx

Name as it Appears on Card _____

Card Number _____ Exp. Date _____

Credit Card Billing Address _____

Cardholder Signature _____