



NASMDA

North American Sikh Medical & Dental Association

NASMDA 24th ANNUAL MEETING, SEPTEMBER 2-5, 2016, Fort Lauderdale, FL
 505 N. Ft. Lauderdale Beach Blvd Fort Lauderdale, Florida 33304 [954 - 414 - 2222](tel:954-414-2222)

Registration Deadline August 10, 2016, late charge of \$25.00 for registration after this date or onsite.

Name: _____ Medical/Dental College: _____

Address: _____

Phone Contact Information

Mobile _____ Office: _____

Email (required): _____

Name of Attendees:

- | | |
|---------------------|---------------------|
| 1) _____ age: _____ | 2) _____ age: _____ |
| 3) _____ age: _____ | 4) _____ age: _____ |
| 5) _____ age: _____ | 6) _____ age: _____ |

	Adult (12 years and older)	Children (5 to 12 years)	Children 4 and under
Package includes: Saturday: Breakfast, lunch, dinner and entertainment	\$350 x _____ =	\$225 x _____ =	FREE
Sunday: Breakfast, lunch, dinner and entertainment			
Monday morning light breakfast			

Guest Lunch	\$60 x _____ =	\$50 x _____ =
Guest Dinner + Entertainment	\$80 x _____ =	\$60 x _____ =

Membership Fee

Already a life member	FREE	
New life member	\$1000	
Spouse new life member (medical/dental only)	\$750	Non-medical/dental spouses and children don't have to pay membership fees
Recent Graduate (last 5 yrs)	\$500	
Annual Membership	\$100	
Medical/Dental Students	FREE	
Retired MD/Dentists		
CME Fee (Mandatory)	\$60 per person	

Medical, Dental Students, Residents and Fellows can get meeting/travel grants for up to \$500 depending on full or half time attendance. Please complete the grant form too.

Please complete the form online OR email to nasmda@gmail.com or mail to Tejinder Singh Glamour 5354 62nd Ave S St. Petersburg, FL 33715



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NASMDA 21th ANNUAL MEETING, OCTOBER 10-13, 2013, Parsippany, NJ
Hilton Parsippany, 1 Hilton Court, Parsippany, NJ, 07054. 973-267-7373 800-HILTONS

Student/Resident/Fellow Meeting/Travel Assistance Application

Name: _____ DOB _____ Sex _____

Address: _____

Phone Contact Information

Home: _____ Office: _____

Email (required): _____ Fax: _____

Name, Position and Address of Training Institution: _____

Name and Address of Program Director: _____

You will be notified regarding the acceptance of your travel/meeting grant at the above Email address.
It may be less expensive for attendees to share gender specific accommodations. Please check the status of sharing your accommodations; **YES** _____ **NO** _____ so that we can pass your email address to fellow grant recipients.

NASMDA would appreciate the courtesy of you funding a similar future training grant when your financial condition improves to give another attendee a chance to attend this meeting.

Mail completed application to: Amarjot S Narula MD, 65 North Maple Ave, Suite 103, Ridgewood, NJ 07450 or email to nasmda@gmail.com. Fax 201-670-1660
