



# NORTH AMERICAN SIKH MEDICAL AND DENTAL ASSOCIATION

## NASMDA 25<sup>th</sup> Annual Meeting, August 3-6, 2017, Baja Mexico Cruise

Carnival Imagination, call Kimberly (1-800-819-3902 ext 82579) to book your cabin

Registration Deadline: July 10, 2017, late charge of \$25.00 for registration after this date.

Name: \_\_\_\_\_ Gender: M / F

Medical/Dental School Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**OPTIONAL** If your spouse is attending the meeting with you and is a physician/dentist, please fill out the following:

Spouse's Name: \_\_\_\_\_ Gender: M / F

Spouse's Medical/Dental School Name: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_ Spouse's Phone: \_\_\_\_\_

**OPTIONAL** If you are traveling with guests/family, please include their name and ages:

1. \_\_\_\_\_ Age: \_\_\_\_\_ 2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_

5. \_\_\_\_\_ Age: \_\_\_\_\_ 6. \_\_\_\_\_ Age: \_\_\_\_\_

**MANDATORY** Membership Fee (you need to be a current member to attend):

NASMDA Membership:

- Current Life Member
- New Life Member (More than 5 years out of training) - \$1000
- New Life Member: Recent Graduate (3-5 years ago) - \$750
- New Life Member: Recent Graduate (within 3 years) - \$500
- Annual Membership (not a Life Member) - \$100
- Medical/Dental Student OR Retired Physician/Dentist - FREE

NASMDA Membership for Spouse (if applicable):

- Current Life Member
- New Life Member (More than 5 years out of training) - \$750
- New Life Member: Recent Graduate (3-5 years ago) - \$750
- New Life Member: Recent Graduate (within 3 years) - \$500
- Annual Membership (not a Life Member) - \$100
- Medical/Dental Student OR Retired Physician/Dentist - FREE

**MANDATORY** CME Fee (current medical/dental students or retired physicians/dentists do not need to pay CME fee):

CME Hours:

- CME Fee - \$60
- CME Not Required

Spouse's CME Hours (if applicable):

- CME Fee - \$60
- CME Not Required

**GRAND TOTAL \$** \_\_\_\_\_

Please make checks in US funds payable to NASMDA and mail to:

**Tejinder Singh Glamour**

5354 62<sup>nd</sup> Ave South

St. Petersburg, FL 33715

OR email application to: [nasmda@gmail.com](mailto:nasmda@gmail.com) and pay via PayPal.



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## **Student/Resident/Fellow Meeting/Travel Assistance Application**

Medical students, dental students, residents and fellows can get meeting/travel grants for up to \$500 depending on full or half time attendance. If you are a current student, residents, or fellow please complete this application and mail it with your registration form and fees.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Your position (student/resident/fellow etc): \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

It can be less expensive for attendees to share gender specific accommodations. Please let us know if you are willing to share a room. If you are, we will share your email with other grant applicants.

- Yes – I am open to sharing a room with another grant application
- No – I do not want to share a room

Mail completed application to:

**Tejinder Singh Glamour**  
5354 62<sup>nd</sup> Ave South  
St. Petersburg, FL 33715

OR email application to: [nasmda@gmail.com](mailto:nasmda@gmail.com)