



2019 Individual Membership and Conference Registration

Name: _____ Professional Designation: _____

Facility Name: _____

Facility Address: _____
Street or PO Box City, State ZIP

*Home Address: _____
Street or PO Box City, State ZIP

Facility Phone: _____ *Cell Phone: _____

Fax: _____ *E-mail: _____

Check here to opt out of being listed in the 2019 ALMDA Member Directory.
(*Home addresses, cell phone numbers and e-mail addresses will not be published).

Select a Membership Category (Pay dues online at www.tinyurl.com/ALMDA2019)

- Regular Membership: \$100**
Physicians and Nurse Practitioners involved in long-term care
- Associate Membership: \$50**
Nurses, Pharmaceutical Representatives, Administrators, and any other professional involved in long-term care

Meeting Registration (Register online at www.tinyurl.com/ALMDA2019)

Attendees of ALMDAs conferences must be a member. Choose the appropriate category above.

Mid Winter Conference (Jan. 26, 2019) \$200 (Add \$25 if registering after Jan. 18)
Hyatt Regency Birmingham – The Wynfrey Hotel, 1000 Riverchase Galleria, Birmingham, AL 35244
For hotel reservations, call (800) 233-1234 and ask for the Alabama Medical Directors Association Room Block. Rate for Friday, Jan. 25, is \$139. **Room cutoff is Jan. 4, 2018.**

Annual Conference (July 25-28, 2019) \$300 (Add \$25 if registering after July 19)
Sandestin Golf and Beach Resort, Linkside Conference Center, 9300 Emerald Coast Highway, Miramar Beach, FL 32550
For hotel reservations, call the Sandestin Golf and Beach Resort at (800) 320-8115 with group code 23S2YZ or reserve online at www.sandestin.com/23S2YZ.aspx. Rates begin at \$185 per night and apply for three days before and three days after the conference based on availability. **Room cutoff is June 21, 2019.**

Annual Conference Guest(s) (meal functions only) \$75 each Name(s): _____

PAYMENT:

Credit Card: VISA MasterCard American Express Check payable to ALMDA

Cardholder Name: _____

Billing Address: _____
Street or PO Box City, State ZIP

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Email for Receipt: _____ Amount: \$ _____

Complete form and return to: Alabama Medical Directors Association (ALMDA)
P.O. Box 1900 • Montgomery, AL 36102 • Fax: (334) 269-5200

For more information, please contact Meghan Martin at MMartin@alamedical.org or (334) 954-2500.