



THE ALABAMA
MEDICAL DIRECTORS
ASSOCIATION

ALMDA
19 S. Jackson Street
Montgomery, Ala. 36104
(334) 954-2500 | Fax (334) 269-5200
www.almda.org

2020 Facility Membership and Conference Registration

ALMDA's Facility Membership Category includes membership dues for a long-term care facility and conference registration for up to two nonphysician representatives.

Facility Name: _____

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

Facility Phone: _____ Website: _____

Check here to opt out of being listed in the 2020 ALMDA Member Directory.

Meeting Attendees

Annual Conference (July 23-26, 2020, Destin, Fla.)

Name: _____ Designation: _____ E-mail: _____

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Accommodations

Hotel reservation information will be provided soon.

PAYMENT: Facility Membership is \$550 and includes registration fees for up to two nonphysician representatives to attend the Annual Conference.

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.