

National Medical Association Region IV Conference
Co-Hosted by the Aesculapian Medical Society
Friday, May 4, 2018 – Sunday, May 6, 2018

Population Health and Social Determinants: How it Will Change the Landscape of Your Practice



JW Marriott Indianapolis

Room Rate: King or 2 Queens \$209 plus 17 % tax

To book your room copy and paste the following link in your browser

<https://aws.passkey.com/go/NMARegion4>

Deadline to get the group rate, make your reservation by
Monday, April 2, 2018

Friday, May 4th: Town Hall Meeting 6:00 p.m.

Complimentary Welcome Reception 8:00 p.m.

Saturday, May 5th: Presentations - Breakfast - Maurice Rabb Luncheon - Dinner

Sunday, May 6th: Presentations - Breakfast

Region Business Meeting
Sunday, May 6, 2018

A few topics for discussion:

Public health and social determinants, Medicare Fraud, Billing Issues, Billing for Mid-Level Providers, MACRA, Diabetes, Hypertension, Hepatitis C, HIV/AIDS, Thromboembolic Disease, Maternal Mortality and Morbidity in African American Women, Sickle Cell Treatment/Cure

If you have any content or program related questions, please do not hesitate to contact Velve Clark, RN, Region IV Program Coordinator.

Phone: (248) 705-4964
Email: NMAregionIV@gmail.com

**REGISTER
NOW**

Individual Registration Form
Region IV, National Medical Association
May 4, 2018– May 6, 2018

PLEASE PRINT and PROVIDE AN EMAIL ADDRESS
Pre-Registration must be made by April 18, 2018

Last Name: _____ First: _____ MI _____

Please circle: MD DO RN Other

Profession/Specialty: _____

NMA Member: YES NO Local Society: _____

Street: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Home Phone: _____ Home Fax: _____

Email: _____ Mobile: _____ Other: _____

Included in registration fee: Conference, Reception, Breakfast, Breaks, Lunch, Dinner and CME Credits

- | | | |
|---|---|---|
| <input type="checkbox"/> NMA Member \$125.00 | <input type="checkbox"/> NMA Non-Member \$150.00 | <input type="checkbox"/> RN & Allied Health Professional \$75.00 |
| <input type="checkbox"/> Resident/Fellow \$30 | <input type="checkbox"/> Auxiliary \$50.00 | <input type="checkbox"/> Medical/Nursing Student
(No cost – Must have Dean's Letter) |
| <input type="checkbox"/> Additional Luncheon Ticket \$25.00 each X _____ | <input type="checkbox"/> Additional Dinner (Saturday) \$75.00 each X _____ | |

Payment _____ check payable to NMA Region IV

Credit Card _____ Visa _____ MC _____ AMX _____ Discover



Credit Card Number _____ Exp date _____

Please provide the **3 digits V Code** located on the back of the credit card _____ American Express has a **4 digit V Code** on the front of the card.

I, hereby authorize my credit card to be charged for the Region IV meeting registration fee(s) totaling \$ _____

Signature _____ Date _____

**Credit card payments may be emailed to nmaregioniv@gmail.com or
mailed to: NMA Region IV, P.O. Box 1011, Bloomfield Hills, MI 48303**

I will attend the following:

- | | | |
|-----------------------|--|--|
| Friday, May 4, 2018 | <input type="checkbox"/> Town Hall Meeting | <input type="checkbox"/> Welcome Reception |
| Saturday, May 5, 2018 | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner |
| Sunday, May 6, 2018 | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Box Lunch |