



Georgia State Medical Association, Inc.
720 Westview Drive, SW
Atlanta, GA 30310-1495



SAVE THE DATE

- *Prestigious Faculty*
- *National Key Opinion Leaders*
- *Educational Exhibits*
- *Valuable information on Healthcare System Transformation*



JUNE 11-14, 2014



Georgia State Medical Association's
121ST ANNUAL CONVENTION & SCIENTIFIC ASSEMBLY

GSMA | 2014

Advances in Primary Care: The Future of Medicine

2014 GSMA ANNUAL CONFERENCE

Wednesday, June 11 – Saturday, June 14, 2014

Omni Hilton Head Oceanfront Resort • Hilton Head Island, South Carolina

This activity has been approved for AMA PRA Category 1 Credit™

Advance Registration Form



Registrant's Name: _____

Address _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Home Phone _____ Cell: _____ Fax: _____

Email Address (CME Certificate will be mailed to this address): _____

Specialty: _____

Advance Registration Fees*

- | | |
|--|------------|
| <input type="checkbox"/> Member* | \$135.00 |
| <input type="checkbox"/> Non-Member Physician | \$435.00 |
| <input type="checkbox"/> Resident | Fee Waived |
| <input type="checkbox"/> Allied Health Professional/Other | \$45.00 |
| <input type="checkbox"/> NMA & Other Affiliate Medical Society Member* | \$135.00 |

*Registrant must show proof of current membership or Affiliate Medical Society to be eligible for discounted rate.

*If you register in advance you will receive a 10% discount.

*On-site registration prices are higher.

2014 MEMBERSHIP DUES

\$300.00 – Physician dues for GSMA

\$150.00 – Retired physician dues for GSMA

\$45.00 – Resident dues for GSMA

\$10.00 – Student dues for GSMA

EVENTS/ACTIVITIES

- | | |
|--|--|
| <input type="checkbox"/> MSM Welcoming Reception, Wednesday, June 12 | No Charge |
| <input type="checkbox"/> Tennis Tournament, Wednesday, June 12 | _____ \$50.00 |
| <input type="checkbox"/> Golf Tournament, Wednesday, June 12 | _____ \$100.00 |
| <input type="checkbox"/> Presidential Awards Dinner/Dance, Thursday, June 13 | _____ \$65.00 |
| <input type="checkbox"/> Family Luncheon, Friday, June 14 | Adult: _____ \$35.00 Child: _____ \$15.00 |
| <input type="checkbox"/> Closing Event-TBA, Friday, June 14 | No Charge |

Full (Total) Payment Enclosed: \$ _____

PAYMENT: Make checks payable to: Georgia State Medical Association, Inc. If paying by credit card, visit our website at www.gsmanet.org.

ADVANCE REGISTRATION ENDS ON FRIDAY, MAY 31, 2014

After May 31, all registrations must take place on site. Cancellations must be in writing no later than May 31, 2014 to receive a full refund less a \$50 service charge. *No refunds after June 1, 2014.*

On-Line: www.gsmanet.org

Click on the "Registration" button and follow the instructions on-line. You must use your credit card for payment

Mail to: Georgia State Medical Association, Inc.

Attn: Registration Department
720 Westview Drive, SW (HB-121)
Atlanta, Georgia 30310-1495



HOTEL OR RESORT CONDO INFORMATION:

Omni Hilton Head Oceanfront Resort: On-line room reservations
<http://www.omnihotels.com/FindAHotel/HiltonHead/MeetingFacilities/GASStateMedicalAssociation6.aspx>

Or call: 1-800-843-6664 (Group Reference #060714GASTATEME)

Resort Quest Hilton Head for Palmetto Dunes Resort/Villas: www.gsmanet.org (reservation form available on the website) and call 1-800-448-3408/ 4 for Group Sales (Reference #82)

Visit www.gsmanet.org for hotel information, villa forms, pre-registration and payment of convention fees.