

Registration Form

Medical Missionaries 2010 Medical Mission Conference

Dates: **November 12-14, 2010**
November 12 - 7:00-9:00 pm
November 13 - 8:00 am -
November 14 - 8:00am - 3:30 pm

Location: Prince William Hospital
Conference Center, 8700 Sudley Rd, Manassas VA 20110

Fees: Doctors: \$150 Nurses: \$100 Students: \$75 Others: \$100

Please complete the following information to attend the conference:

I/we am attending the conference as (please circle): Doctor Nurse Student

Name of Attendee: _____

Address Information: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Number of individuals attending conference: _____ Check Total \$ _____

I/we will attend ___ will not attend___ the opening session on Friday, November 12.

If more than one person is registering please include their contact information on a separate piece of paper.

Please make checks payable to Medical Missionaries, Inc.
Mail to: Medical Missionaries, Inc., 9590 Surveyor CT, Manassas, VA 20110.
To fax this form, please send it to (703) 361-5876.
To pay by credit card, please visit the Medical Missionaries Website at www.medmissionaries.org.

Do you/we represent a non-profit or a religious missionary group? Yes No

If yes, please provide the following information:

Name of Organization: _____

Address Information: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Website: _____ Email: _____

My group's mission is: _____

If you would like in-formation about your organization included in our handout materials, please submit this form by Friday, October 29, 2010.

Questions about conference? Email Ken Kornetsky, MD at kkornetsky@msn.com