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29th Annual 2010 FMEC Northeast Region Meeting
Hershey Lodge & Convention Center • Hershey, PA • October 29 – 31, 2010

**HEALTH CARE PROFESSIONAL ** RESIDENT ** FELLOW
MEETING REGISTRATION FORM**

Attendee Name: _____ Degree(s) _____

Institution Name: _____

Dept Name: _____

Institution responsible for payment, if different from above: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax : _____

Email _____ @ _____

Vegetarian Meal: ___ Yes ___ No (Deadline is Oct. 15th)

Meal Plan – I would like information about the Family/Guest Meal Plan.

MEETING REGISITRATION FEE :

To qualify for the early registration fee, registrations must be received **by October 1, 2010**. After October 1, the following fees apply to registrations received in the office or at the conference site:

By October 1, 2010:

FMEC Membership No.: _____ Health Care Prof. FMEC Member Fee \$395

Join FMEC for \$50? Yes ___ No ___ Health Care Prof. Non-FMEC Member Fee \$495

FMEC Membership No.: _____ Residents/Fellows FMEC Member Fee \$250

Join FMEC for \$30? Yes ___ No ___ Residents/Fellows Non-FMEC Member Fee \$350

This Resident/Fellow is covered under our Residency Fair payment. (Please submit a copy of your Residency Fair registration with this form.)

After October 1, 2010:

Health Care Prof. FMEC Member Late Fee \$420

Health Care Prof. Non-FMEC Member Late Fee \$520

Res./Fellows FMEC Member Late Fee \$275

Res./Fellows Non-FMEC Member Late Fee \$375

Fee Calculation

Total Amount Enclosed \$ _____ \$ _____

PAYMENT

Check enclosed (**payable to FMEC/Long & Associates, Inc.**, P.O. Box 117 West Milton, OH 45383-0117)

Credit Card I hereby authorize use of my: Discover Visa MasterCard American Express

Card # _____ Signature _____ Expiration Date _____ Sec. Code# _____

Mail or Fax all completed registration forms or any notification of cancellation to: FMEC/Long & Associates, Inc., P.O. Box 117, West Milton OH 45383-0117 or Fax to: (888) 280-6459 Telephone: (937) 698-4188 Email: dschwan@longmgt.com ATTN: Ms. Deb Schwan RE: 2010 FMEC NE Region Meeting

REFUND POLICY: Written notification of cancellation must be received by October 1, 2010, to obtain a partial refund. (\$50.00 administrative fee is retained).

No conference registration refunds made after October 1, 2010. Other questions? Please call Laurence Bauer, MSW/MEd, Chair Planning Committee (937) 428-7866 or [Email: Laurence.Bauer@fmec.net](mailto:Laurence.Bauer@fmec.net) All conference registrations must be received by **October 1, 2010**. After that date you must register at the conference site.

(Rev. 4/28/10)