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THE 2009 NORTHEAST REGION MEETING
of the
SOCIETY OF TEACHERS OF FAMILY MEDICINE
October 30 – Nov. 1, 2009
Rye Brook, NY

NON-MEDICAL STUDENT SPOUSE APPLICATION FORM

The medical student scholarship includes tuition, meals and overnight accommodations for the student only at the Rye Town Hilton Hotel in Rye Brook, NY.

Therefore, students who wish to share a hotel room with their spouse and/or family, must agree to pay for half of the room cost per night, and also to purchase a Family Meal Plan. The cost per night is \$71.20, tax included.

Incidentals charged to the room **are not** included in this cost, and must be paid for at check-out of hotel using your personal credit card.

Please complete and fax this form to 937-698-6153. This completed form must be received by October 1, 2009, in order to reserve your hotel room for your family use. A confirmation letter will be sent after this registration form has been processed. For additional information, contact Jennifer Stamper (937) 643-3455 or Jennifer.Stamper@fmec.net

PLEASE PRINT:

Students Name _____ **SEX** Male Female
(Circle)

Medical School _____

Student's Class in Medical School (circle one) First Year Second Year Third Year Fourth Year

PLEASE PRINT:

Mailing Address _____

City State Zip

Telephone _____ **FAX** (if available) (_____) _____ - _____

E-mail Address _____ (Please print neatly)

Hotel Accommodation: I will need a hotel room for (check one) \$ _____ Friday Only (\$71.20 tax incl)
\$ _____ Friday & Sat. (\$142.39 tax incl)
\$ _____ Saturday only (\$71.20 tax. incl)

Names of family members attending with me: _____
Name(s)

PAYMENT

Check enclosed (**payable to FMEC/Long & Associates, Inc.**, PO Box 117, 28 Lowry Drive, West Milton, OH 45383-0117)
 Credit Card I hereby authorize use of my: Discover Visa MasterCard American Express
Card # _____ Signature _____
Expiration Date _____ Sec. Code# _____ Total \$ _____

REFUND POLICY: Written notification of cancellation must be received by October 1, 2009 to obtain a partial refund. (\$50.00 administrative fee is retained). **NO** refunds made after October 1, 2008. **Mail to: FMEC/Long & Associates, Inc. PO Box 117, West Milton OH 45383-0117 Fax to: (937) 698-6153 Telephone: (937) 698-4188 Email: psanders@longmgt.com** Other questions? Please call Laurence Bauer, M.S.W. (937) 428-7866 [Email: laurence.bauer@sbcglobal.net](mailto:laurence.bauer@sbcglobal.net) All registrations must be received by October 1, 2009. (Rev.003/18/09)