

**FLORIDA SOCIETY OF MEDICAL ASSISTANTS
ANNUAL MEETING
April 20 & April 21, 2018**

Best Western Lake Buena Vista Disney Springs Resort Area; 2000 Hotel Plaza Blvd; Lake Buena Vista FL 32830. 1-407-828-2424. Call hotel direct/ code **FSMA0418** for the group member rate \$99 (2 double or queen) per night plus taxes or use the Hotel link on the website

https://www.bestwestern.com/en_US/book/hotel-rooms.10288.html?groupId=4B2BV5X1 Rooms must be cancelled 4 days prior or a one day charge will apply. Self Parking \$7. Valet \$12.

Reservation Deadline for hotel is April 5, 2018

Name: _____ CREDENTIALS: _____
Address: _____ City/State/Zip: _____
Phone: Day: _____ Evening: _____
E-mail address: _____
Chapter: _____ First time Attendee: Yes _____ No _____
Member _____ Non-Member _____ Student _____ Educator _____

PLEASE CHECK APPROPRIATE REGISTRATION

Registration: Includes Friday General Assembly, Friday Hot hors d'oeuvres, fruit and veggies & Dessert at installation; Saturday breakfast /education, CMA luncheon

_____ Member \$ 55.00 _____ Member Student \$45.00 _____ Non member student \$65.00
_____ Non-Member \$75.00 ****Students please enclose copy of ID and AAMA Membership ****

Friday - Open to all free - Executive Board Meeting & General Assembly

******* Are you attending the General Assembly on Friday, April 20, 2018 _____ (Y/N) *******

Please print the General Assembly Packet available 30 day prior on www.fsmaonline.org It will **NOT** be provided at the meeting. **Bring your AAMA Membership Card for proof of membership.**

*******Are you attending the Friday Gala/Installation with Hot hors d'oeuvres, fruit and veggies, Dessert April 20, 2018 _____ (Y/N)*******

Additional tickets for Meals only:

_____ Saturday Breakfast Coupons \$12.00 (full buffet)
_____ CMA Luncheon \$30.00
_____ Friday Gala/Installation \$20.00

Note: A \$25.00 late fee, to be PAID at the door, will be added to ALL late registrations.

MEALS ARE NOT GUARANTEED FOR SAME DAY REGISTRATION. **Specify allergies _____**

TOTAL AMOUNT ENCLOSED \$ _____ REGISTRATION POSTMARK DEADLINE: 4/5/18

MAIL CHECK PAYABLE TO FSMA AND COMPLETED FORM TO:

**Maria Wiegelmann, CMA (AAMA)
1196 Seburn Rd.
Apopka, FL 32703
m.wiegelmann@aol.com
321-525-1751**

Seminar refund policy: A 20% non-refundable fee will be assessed for all cancellations. Request must be in writing received 4 days prior to this event. A fee of \$25.00 will be charged for any returned checks.

Please remember we are a Professional Organization: Attire: Business Casual

As Part of the FSMA's reasonable efforts to accommodate the needs of Conference attendees, and in particular a member who has a severe nut allergy, we respectfully request that you do not bring any nut products into the conference. Thank you in advance for your anticipated consideration and cooperation in this matter.