

**Registration Form
Central Florida Chapter of Medical Assistants
Winter Seminar
Saturday, January 26, 2019 8:30 AM TO 1:30 PM
VFW Post 4287
3500 S. Goldenrod Rd.
Orlando, FL 32822
407-273-6581**

Name: _____

Credential: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail address: _____

Chapter: _____

Member ____ AAMA ID # _____ Non-Member ____ Student ____

**FEE INCLUDES: Breakfast and 4 CEUs
\$10.00—MEMBER (please bring your AAMA membership card with you)
\$15.00---NON-MEMBERS
\$5.00---STUDENTS—student ID must be presented at door.**

Total amount enclosed: _____

Respond by: January 23, 2019

Please make **check payable to CFCMA**

and mail completed form and check to:

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

Seminar Refund Policy: Please notify by email or phone - no refund after January 23, 2019