

REGISTRATION FORM
CENTRAL FLORIDA CHAPTER OF MEDICAL ASSISTANTS
FALL SEMINAR
SATURDAY, SEPTEMBER 16, 2017 8:00 AM TO 12:30 PM
FLORIDA TECHNICAL COLLEGE
3831 W. VINE ST.
KISSIMMEE, FL 34741
www.ftccollege.edu

Name: _____

Credential: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail address: _____

Chapter: _____

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

We will be supporting The Russell Home for Atypical Children in Orlando, FL at this seminar. For a list of items they need please go to www.russellhome.org - click on Giving and then scroll down to Supplies and Food Donations for the list. Monetary donations of cash or check are also greatly appreciated. Thank you!

FEE INCLUDES: Breakfast

\$10.00—MEMBER

\$15.00---NON-MEMBERS

\$5.00---STUDENTS—student ID must be presented at door.

Total amount enclosed: _____

Respond by: September 13, 2017

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: A 20 % non-refundable fee will be assessed for cancellations received by phone or email by September 14, 2017 – no refund after September 14, 2017