



AAMA

Florida Society of Medical Assistants

Multi-Session

Enter date

Your Name: _____

**Non-member Social Security #
Last 4 digits only** _____

AAMA Member ID# _____

Address: _____

Email: _____

Current AAMA Membership status:

❖ Member _____

❖ Nonmember _____

**** All fields must be filled in for attendance to be processed. Please print information using black ink.**

Class #	Class Title	Credits	Category
_____	Enter # Enter Title	# CEUs	A,G ,or C

Continue listing all titles as above.