



NAMME

NATIONAL ASSOCIATION OF MEDICAL MINORITY EDUCATORS, INC.
"Where Inclusion & Diversity Meet the Health Professions"

NAMME Northeast Regional Conference
"Championing Advocacy: Building Bridges Across the Great Divide...Redux"
April 4th - 8th, 2018
Marriott Courtyard New York Manhattan Upper East Side Hotel

*In order to pre-register for the 2018 NAMME Northeast Regional Conference, this form must be completed **no later than Friday, March 16, 2018**. All forms postmarked or received after **Friday, March 16, 2018** will be treated as **late registration** and the higher rate will apply. Please note that registration forms can be sent via email to namme.regionalconference.ne@gmail.com. Please indicate your payment type below to expedite processing.*

NAME: _____

TITLE: _____

BUSINESS ADDRESS: _____

TELEPHONE: _____ FAX: _____

Advanced Registration Fee for Members: (On or before **3.16.18**) \$350.00 \$_____

Advanced Registration Fee for Non Members: (On or before **3.16.18**) \$450.00 \$_____

Late/On-site Registration Fee for Members (**3.17.18 or later**) \$475.00 \$_____

Late/On-Site Registration Fee for Non-Members (**3.17.18 or later**) \$575.00 \$_____

College Student Recruitment Fair Table Fee (in conjunction with City College)

NOTE: All new and renewal memberships must be paid through National Office

TOTAL FUNDS SUBMITTED

\$_____

Please submit this form with a check made payable to THE NATIONAL ASSOCIATION OF MEDICAL MINORITY EDUCATORS, INC., (NAMME).

If mailing a check, please send to Larry Dunham, NAMME-NE Treasurer to the address below:

National Association of Medical Minority Educators, Inc. (NAMME-NE)

C/o Larry Dunham

Larry Dunham

25 Ellingwood Street

Boston, MA 02120

Payment: Check OR Credit Card - Please circle one

Credit Card Type: Visa, MasterCard, or American Express

Credit Card #: _____

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Name on Card: _____

Signature: _____

Thank you for supporting NAMME NE Regional Conference.