



# STUDENT NATIONAL MEDICAL ASSOCIATION

Medical University of South Carolina

Hosts of the 2005 SNMA Region IV Medical Education Conference

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

SCHOOL/ CLASSIFICATION \_\_\_\_\_

Do you require a Vegetarian or vegan meal?    Yes    No

X

\_\_\_\_\_ I will only be attending lunch or dinner.

Please indicate which \_\_\_\_\_.

	MEDICAL STUDENTS	UNDERGRADUATE/ POST-BACCALAUREATE STUDENTS	LUNCH ONLY	DINNER ONLY
AUGUST 10 <sup>TH</sup> - OCTOBER 1 <sup>ST</sup>	\$55.00	\$35.00	\$37.00	\$40.00
OCTOBER 2 <sup>ND</sup> - NOVEMBER 5 <sup>TH</sup>	\$65.00	\$45.00	\$37.00	\$40.00

\_\_\_\_\_ Yes, I will be attending the Friday night social event!

\_\_\_\_\_ Yes, I would love to go on the Sights and Insights Tour for only \$12.00! (Not included in registration. Please include in your check.)

**Please mail to:**

Student National Medical Association  
c/o Myra Haney, Director of Student Support  
96 Jonathan Lucas Street, Suite 601  
Post Office Box 250617  
Charleston, SC 29425

**Make checks payable to: MUSC SNMA Conference**

Send emails to: [musc2005conference@yahoo.com](mailto:musc2005conference@yahoo.com)

This form can be downloaded at <http://www.musc.edu/snma/events.html>