



**2009 Vietnamese American Medical Association National Convention**

September 17<sup>th</sup> -20<sup>th</sup>, 2009, Boston, Massachusetts

website: <http://www.vamaboston.org/>

**REGISTRATION FORM**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Physician  Dentist  Pharmacist  In Practice  Retired  Resident/Fellow/Student

Others  Please specify \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email \_\_\_\_\_ Number of Attendees # \_\_\_\_\_ Reunion dinner \_\_\_\_\_ Gala night \_\_\_\_\_

Graduate School \_\_\_\_\_ Year Graduated \_\_\_\_\_

**REGISTRATION FEE:** Please register by **August 1st** to obtain special rates and an exclusive gift (Gala only) as it takes 5 weeks to order them. After Aug.01.2009, registration will not guarantee admission tickets to the Gala Dinner.

Full registration includes

- CE Conferences and Materials, Breakfasts, Lunches, Refreshments
- Reunion Dinner and Dance (9.18.09), Gala Dinner and Dance (9.19.09)

**Cancellation Policy:** Before Aug.01.2009: 50% refund. After Aug.01.2009: **NO** refund for cancellation. *On-site registration* is possible but due to space limitation, we cannot guarantee admission to the Gala Dinner for on-site registrants.

	Postmarked Before/On Aug.01.2009	After Aug.01.2009	Total
VAMA or VPDPA Member* USD	\$375 x _____	\$425 x _____	= _____
Non-Member*	\$425 x _____	\$475 x _____	= _____
CE Only	\$150 x _____	\$200 x _____	= _____
Gala & CE	\$280 x _____	\$330 x _____	= _____
Gala Only	\$180 x _____	\$200 x _____	= _____
Reunion Dinner & CE	\$195 x _____	\$250 x _____	= _____
Reunion Dinner Only	\$75 x _____	\$85 x _____	= _____
Retiree, Spouse, children, guest**	\$270 x _____	\$320 x _____	= _____
Student, Resident, Fellow, staff**	\$270 x _____	\$320 x _____	= _____
<b>GRAND TOTAL</b>			= _____

VAMA Vietnamese American Medical Association, VPDPA Vietnamese Physicians Dentists Pharmacists Association

- (\*) Full registration, (\*\*) Breakfasts, Lunches, Refreshments, Gala, Reunion Dinner and Dance
- CE: Materials, Breakfasts, Lunches, Refreshments

**Please make Check or Money Order payable to: 2009VAMABC or 2009 Vietnamese American Medical Association Boston Convention, and mail with completed registration form to:**

**2009VAMABC 4 Fiorenza Dr, Wilmington, MA 01887** or FAX to: 781-581-0361

*Registration Form will NOT be processed unless accompanied by a Check or Money Order.*

**Signature**

**Date**

Please contact: Son Thanh Hồ, MD 781-535-8244 at [son.ho@vamaboston.org](mailto:son.ho@vamaboston.org), or Judy D. Nghiê, DMD 781-888-2410 at [nghiemdmd@verizon.com](mailto:nghiemdmd@verizon.com), or Hiếu Bảo Vĩnh, RPh 617-282-9800 at [hieubvinh@yahoo.com](mailto:hieubvinh@yahoo.com) or Đinh Tiến Bản (Registration Concerns) 617-276-6698 at [ban.dinh@vamaboston.org](mailto:ban.dinh@vamaboston.org).

(CONTINUED ON THE NEXT PAGE. PLEASE RETURN BOTH PAGES WITH PAYMENT)

In order for the Organizing Committee to best serve you, please take a moment to complete the form below.

1/ For the Gala Dinner please select your entree choice, we will try our best to accommodate your request:

**Steamed Lobster ( ), Beef Filet ( ), Vegetarian ( )**

**2/ Please specify the name(s) of colleague(s) with whom you would like to sit with at your Gala Table (Saturday September 19, 2009)**

The Organizing Committee will make every attempt to honor your request but cannot guarantee it \_\_\_\_\_

3/ Attendees Name Information:

Name tags will be provided for each individual listed on this form.

**\*\*\*Please type names how they should appear on the name tag\*\*\***

<u>N#</u>	<u>Names</u>	<u>Relationship</u>	<u>Male/Female</u>	<u>Notes</u>