


# CMSA of Eastern OK 2018 Attendee Conference Registration



Exhibitors to complete a separate exhibitor registration form please.

<b>Attendee Contact Information</b>	Date _____	
Name: _____ Title/Credentials _____		
Employer/Company Name: _____ CMSA Member ID # (must be included for member pricing)		
Member ID #: _____		
Address: _____ City: _____ State: _____ Zip _____		
Phone: Home /Cell/ Work (circle one) _____ Fax Number (____) _____		
Email Address _____		

REGISTRATION OPTIONS			
	Pricing On or After April 13, 2017	Early Bird Pricing. Before April 13, 2018	Total
CMSA Member (prepayment)	\$100.00	\$80.00	
CMSA Non-Member (prepayment)	\$130.00	\$110.00	
Payment at the Door	\$140.00		
<b>Exhibitor Booth--Member</b>	<b>\$440.00</b>	<b>\$425.00</b>	<b>Information only—Please complete a booth registration form.</b>
<b>Exhibitor Booth-Non-Member</b>	<b>\$650.00</b>	<b>\$600.00</b>	
Luncheon only	\$35.00		
<b>CCM Prep Course</b>	<b>\$100.00</b>		
All Attendees desiring CEU's must complete an Attendee Registration form			<b>TOTAL: \$ _____</b>

<b><u>METHOD OF PAYMENT:</u></b>	
<input type="checkbox"/> Check payable to: CMSA of Eastern OK <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
<input type="checkbox"/> Corporate Sponsor Attendee <input type="checkbox"/> Complimentary Booth Attendee	
_____ (Name of Sponsor)	
CMSA Scholarship Attendee (Please Check box above & list your Corporate Sponsor or your Booth Sponsor)	
CMSA of Eastern OK Tax ID # is: <b>83-0505533</b> <input type="checkbox"/> Board Member <input type="checkbox"/> Speaker Attendee	
CREDIT CARD # _____ Exp Date _____	
AUTHORIZED SIGNATURE: _____ DATE: _____	

RETURN FORM & PAYMENT TO: You can register by faxing to # at the right, or by mailing to address below.

**Registration should include payment.**

CMSA OF EASTERN OKLAHOMA  
PO BOX 35766 TULSA, OK 74153

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WEBSITE: www.cmsa-easternok.org