

## REGISTRATION FORM

The Association of Ringside Physicians 2018 Annual Medical Seminar

Seminar: October 27-28/ Exam Certification: October 29

First name \_\_\_\_\_ Last name \_\_\_\_\_ Nick name \_\_\_\_\_

Last Four Digits of Social Security # (required for CME credit) \_\_\_\_\_ (International participants - use 0 0 0 0)

Degree/Credentials: \_\_\_\_\_ Specialty: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_  Home  Office

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email address (required): \_\_\_\_\_

Spouse/Guest names: \_\_\_\_\_

*Hotel accommodations and personal transportation not included in registration fee.*

### Registration Fees

|               |  |       |
|---------------|--|-------|
| ARP<br>Member | <input type="checkbox"/> ARP Member, Physician - Registered or postmarked on or before 9/30/18 | \$475 |
|               | <input type="checkbox"/> ARP Member, Physician - Registered or postmarked after 9/30/18        | \$550 |
|               | <input type="checkbox"/> ARP Associate Member (Non-Physicians)                                 | \$150 |
|               | <input type="checkbox"/> ARP Member, Medical Students/ Residents                               | \$150 |
|               | <input type="checkbox"/> Certification Exam - ARP Members, Physician                           | \$239 |

|                   |   |       |
|-------------------|---|-------|
| ARP<br>Non-member | <input type="checkbox"/> ARP Non-Member, Physician –Registered or postmarked on or before 9/30/18 | \$650 |
|                   | <input type="checkbox"/> ARP Non-Member, Physician –Registered or postmarked after 9/30/18        | \$725 |
|                   | <input type="checkbox"/> ARP Non-Member Associate (Non-Physicians)                                | \$250 |
|                   | <input type="checkbox"/> ARP Non-Member, Medical Students/ Residents                              | \$250 |
|                   | <input type="checkbox"/> Certification Exam - ARP Non-Members, Physician                          | \$299 |

|                    |  |                                 |
|--------------------|--|---------------------------------|
| Additional<br>Fees | <input type="checkbox"/> Commuter Fee (if not staying at Harrah's Las Vegas)                 | \$120                           |
|                    | <input type="checkbox"/> Banquet Tickets \$100 per person (not included in registration fee) | _____ Tickets X \$100 = \$_____ |
|                    | <input type="checkbox"/> UFC Performance Institute Tour Tickets \$25 each                    | _____ Tickets X \$25 = \$_____  |
|                    |  | Total: \$_____                  |

Certification Exam    I plan to take the Certification Exam on October 29, 2018  
(payment for exam will be done on site)  Yes     No

To join ARP or to renew membership, visit [www.RingsideARP.org](http://www.RingsideARP.org), or complete the membership form on the following page.

Ways to register:

1. Online at [www.RingsideARP.org](http://www.RingsideARP.org)

2. Mail to:

ARP  
2424 American Lane  
Madison, WI 53704

3. Fax using Visa, Mastercard or AmEx: Complete information below and fax to 608-443-2474.

Credit Card (select one):  Visa     MC     AmEx

Name as it Appears on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Cardholder Signature \_\_\_\_\_