

**SDMDA
ANNUAL SEMINAR
MEDICAL DIRECTOR REGISTRATION FORM**

April 18, 2012
Ramkota Hotel, Sioux Falls, SD

MEDICAL DIRECTOR _____	
FACILITY/COMPANY NAME _____	
ADDRESS _____	
CITY/ZIP _____	PHONE _____
EMAIL ADDRESS _____	FACILITY CONTACT _____

MEDICAL DIRECTOR REGISTRATION FEE:

SDMDA Member (Includes Lunch Ticket)	\$125.00	_____
Non Member (No Lunch Ticket)	\$150.00	_____
TOTAL AMOUNT ENCLOSED:		\$ _____

RETURN YOUR FORM & PAYMENT TO:

***SDMDA
804 N Western Avenue
Sioux Falls, SD 57104
Phone: (605) 339-2071
Fax: (605) 339-1354***

**If you are not a SDMDA Member
and are interested in becoming a SDMDA Member,
please contact the SDMDA office at (605) 339-2071!**

Pre-Register by March 16, 2012!