2016 VIETNAMESE AMERICAN MEDICAL ASSOCIATION NATIONAL CONVENTION
FOR PHYSICIANS, DENTISTS, AND PHARMACISTS
Sept. 2-5, 2016
Omni Hotel at Park West
1590 LBJ Freeway, Dallas, Texas 75234
972-869-4300
REGISTRATION FORM

Last Name _____ First_____Middle_____

(Circle all applicable) **Male** **Female** **Physician** **Dentist** **Pharmacist** **Other** **In-Practice / Retired**
Resident/Fellow/Student **Medical** **Dental** **Pharmacy**

School of Graduation_____

Year_____ **Degree(s)** _____ **Specialty**_____

Address_____

City_____ **State** _____ **Zip code**_____

Telephone (Home) _____ **Office** _____ **(Cell)** _____

Email_____ **Significant Other Name** _____

Full Registration includes 10-12 CE Credits; Continental Breakfasts (9/3-4); Luncheon (9/4); Reunion Dinner (Sat. 9/3) and Gala Dinner & Dance (Sun. 9/4)

Cancellation Policy: Before: 8/3/2016: 50% refund. After 8/3/2016: no refund for cancellation

On-site registration is possible but we cannot guarantee admission to the Gala Dinner for on-site registrants.

Please choose the following (indicate the # of people attending, use a separate form for each CE attendee)

		Postmarked On/Before 8/3/16	**Postmarked After 8/3/16**		**Total**
Full Registration with CE Credit:	USD	$395 x _____	$445 x ____	=	_____
CE Program (CE credits, breakfasts, lunch)		$275 x ____	$325 x ____	=	_____
Full Registration without CE Credit		$295 x ____	$345 x ____	=	_____
Reunion Dinner (9/3/16) Ticket only		$55 x ____	$65 x ____	=	_____
Gala Dinner (9/4/16) Ticket only		$125 x ____	$150 x ____	=	_____
Bone Marrow Walk-A-Thon T-shirt		$15 x ____	$15 x ____	=	_____

GRAND TOTAL: ======

*** Please specify name(s) of colleagues(s) with whom you would like to be at your Gala Dinner Table. The Organizing Committee will make every attempt to honor your request but cannot guarantee it _____.**

*** Vegetarian Meal Request Yes _____**

*** Reunion Dinner (Sat. 9/3): Please indicate if planning to attend with Full Registration Yes ___ No ___**

*** Gala Dinner & Dance (Sun. 9/4): Please indicate if planning to attend with Full Registration Yes ___ No___**

*** Bone Marrow Walk-A-Thon ____ Golf Tournament ____ Gun Range Practice____ Tennis Tournament ____**

Submit completed form with check payable to **National Convention/ VHPA**
Mail to: 44 Wellington Oaks, Denton, Tx 76210
Or register Online and pay using Paypal **www.vhpa-dfw.com**

Signature _____**Date** _____

VAMA Membership__ ($100 /Yr, Lifetime $1,000) &VHPA Membership __ ($60 /Yr, $100 / 2 Yr, $100 Lifetime $500)
Please make a separate check payable to VAMA or VHPA-DFW and send with Registration Form
(Membership is encouraged but not required for Convention registration)

Questions about Registration or your visit, please contact

Dr. Jonathan Hoang Lam (Medicine) 682-667-1016 doclam99@yahoo.com. Dr. Howard Hao Nguyen 214- 577-9131 vanhao@aol.com
Dr Linh Nguyen (Pharmacy) 817-240-3329 mslinhnguyen81@yahoo.com, Dr Chris Truong (Dental) 817-437-2152 christruong817@gmail.com

Accommodation: Reservation Omni at Park West 1-800-843-6664, or 972-869-4300
Special VAMA Group Rate is $99/night – Please make your reservation directly with the Hotel