

Registration Form

Yes! I will attend the FSMB's 97th Annual Meeting
April 30 - May 2, 2009

First Middle Last

M.D. D.O. P.A. J.D. Esq.

Other _____

Specialty _____

Name (as you want it to appear on badge) _____

Organization _____

Address _____

City, State, ZIP _____

Business Phone/Fax _____

E-mail _____

Check All That Apply

State Medical Board Members

Physician Member Public Member Board Chair/President

Other _____

State Medical Board Staff

Executive General Counsel Investigator

Medical Director Enforcement Attorney

Medical Consultant Litigation

Other _____

Additional Information

First Time Attendee

FSMB Board of Director

FSMB Past President/Chair

Faculty

International Attendee

Scholarship (delegate, board executive or designee)

Hotel Information

The Hyatt Regency Crystal City is the host hotel for the 2009 Annual Meeting. Reservations must be made no later than **April 14, 2009** to secure the conference rate. Please make your reservation early, as only a limited number of rooms are available. Reference the "FSMB Annual Meeting" when booking your reservation. For room reservations, please use the information below:

Hyatt Regency Crystal City
at Reagan National Airport
2799 Jefferson Davis Highway
Arlington, VA 22202

Tel: (800) 233-1234 (toll free)
Tel: (703) 418-1234 (local)
FSMB Room Rate: \$205 Sgl/DbI
(subject to 10.25% tax)

Or make your reservations online at:

www.crystalcity.hyatt.com/groupbooking/wasrcfsmb2009

Day on the Hill

During this off-site event scheduled for Thursday, April 30, participants will have an opportunity to meet with members of Congress and their staff to discuss relevant issues in medical regulation. Complimentary transportation will be provided to the Capitol from the hotel.

Yes, I plan to participate in the Day on the Hill (no fee)

Register

Mail/fax this completed form to:

Federation of State Medical Boards
ATTN: Education Coordinator
P.O. Box 619850
Dallas, TX 75261-9850

Tel: (817) 868-4007
Fax: (817) 868-4117

Registration Fee

The registration fee includes admission to all Annual Meeting education sessions, meal functions and receptions. To take advantage of the early registration discount, payment must be postmarked by **March 27, 2009**.

Registration	Fee	Cost
Early bird registration	\$425	\$ _____
On-site registration	\$575	\$ _____
One day registration	\$185	\$ _____
CME Fee	\$75	\$ _____
CLE Application Processing Fee	\$15	\$ _____
Subtotal A:		\$ _____

Additional Meal Tickets (For guests)	Qty	Fee	Cost
Platter Luncheon	_____	\$50	\$ _____
Bierring Dinner	_____	\$75	\$ _____
Subtotal B:			\$ _____

Check enclosed **Total:** \$ _____

If paying by check or money order, please make payable to the Federation of State Medical Boards and note **2009 Annual Meeting** on your check. If paying for multiple registrations, list the full name of each attendee.

Receipt of registration will be confirmed within 10 days. Visit our Web site at **www.fsmb.org** for more information on the Annual Meeting events and other educational opportunities.

Spouse/Guest Attending Events/Functions

Name(s) of special guest(s) as you want it to appear on name badge(s):

Refund Policy

Cancellations must be in writing. Individuals who cancel before **April 16, 2009** are entitled to a refund of their registration fees, less \$125 processing charge. No refunds will be provided after this date. Attendees are responsible for cancelling all flight and hotel reservations.

Federation of
**STATE
MEDICAL
BOARDS**

Jointly sponsored by:

**SOUTHWESTERN
MEDICAL CENTER**