

3rd Annual Smoky Mountain Primary Care Conference

REGISTRATION FORM

DATE: SATURDAY, APRIL 26, 2025

VENUE: DINING HALL, LAKE JUNALUSKA CONFERENCE CENTER, LAKE JUNALUSKA, NC

Please fill in the form below to register to attend.

Go to www.mysmms.org to register online to pay by credit card.

Mail check and form to:

Smoky Mountain Medical Society 900 Hendersonville Rd, Suite 201C Asheville, NC 28803

IRST N	NAME	LAST NAME	CREDENTIALS	
TITLE _		TELEPHONE N	IUMBER	
MAIL	ADDRESS			
MAILIN	IG ADDRESS:			
NAME OF EMPLOYER				
ADDRESS OF EMPLOYER				
Cancel	ation: A written notice of cand	cellation is required to receiv 7 days prior to the activ	e a refund. No cancellations will ity.	be accepted
	PHYSICIANS ONLY: ALL C	<u>OUNTIES</u>		\$150
		JNTIES INCLUDING PHYS	CIAN ASSISTANTS, NURSE	\$75