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Smok	Y MOUNTAIN MEDICAL SOCIETY Cherokee, Clay, Graham, Haywood, Jackson, Macon & Swain Counties

## 2nd Annual Smoky Mountain Primary Care Conference

## **REGISTRATION FORM**

DATE: SATURDAY, APRIL 27, 2024

## VENUE: KERN AUDITORIUM, LAKE JUNALUSKA CONFERENCE CENTER, LAKE JUNALUSKA, NC

Please fill in the form below to register to attend. \*\*Go to <u>www.mysmms.org</u> to register online to pay by <u>credit card</u>.\*\* Mail check and form to: Smoky Mountain Medical Society 900 Hendersonville Rd, Suite 201C Asheville, NC 28803

FIRST N	AMELAST NAM	E CREDENTIALS		
TITLE		TELEPHONE NUMBER		
EMAIL A	ADDRESS			
MAILIN	G ADDRESS:			
NAME C	DF EMPLOYER			
ADDRESS OF EMPLOYER Cancelation: A written notice of cancellation is required to receive a refund. No cancellation will be accepted 7 days prior to the activity.				
	NURSE PRACTITIONERS, NURSES, O Healthcare Foundation has given a	NLY: PHYSICIANS, PHYSICIAN ASSISTANTS, THER ALLIED HEALTH. The <b>Haywood</b> grant to pay the tuition for Haywood the name of employer and address of	FREE	
	PHYSICIANS ONLY: <u>NON-HAYWOOD</u>	COUNTY PROVIDERS	\$150	
	ALLIED HEALTH: <u>NON-HAYWOOD</u> C ASSISTANTS, NURSE PRACTITIONER	OUNTY PROVIDERS INCLUDING PHYSICIAN S, NURSES, OTHER ALLIED HEALTH	\$75	