

**Florida Medical Association 2009 Annual Meeting
Affiliate Group Participation Form
July 24-26, 2009**

Group Name: _____ Email: _____

Contact Person: _____ Fax: _____

Address: _____ Phone: _____

	Day of the Week	Date of Meeting	Type of Function	Beg. Time	Ending Time	Estimated Attendance	Set Up (Circle One)
1.							Theater Hollow Sq Conference Rounds Classroom
2.							Theater Hollow Sq Conference Rounds Classroom
3.							Theater Hollow Sq Conference Rounds Classroom

🍏 Our group will meet in our hotel suite. Please include in all meeting information

Is this event co-hosted with or sponsored/supported by any other group? (This information is mandatory to ensure that your event is not in conflict with existing FMA policies or contractual obligations.)

🍏 This event is not co-sponsored

🍏 This event is co-sponsored by: _____

Please Mail or Fax this form by March 20, 2009 to:
 Matt Crowley, Operations & Special Projects Manager
 Florida Medical Association
 P. O. Box 10269
 Tallahassee, Fl 32302
 Phone: (850) 224-6496, ext 226
 Fax: (850) 224-7569
 Email: mcrowley@medone.org

Please Note!
Your Space at the FMA Annual Meeting is not confirmed until you receive written confirmation from the FMA.