

**WISCONSIN SOCIETY OF MEDICAL ASSISTANTS
2019 STATE CONFERENCE REGISTRATION FORM**

April 25-27 2019

**Comfort Inn & Suites Madison North
5025 Co Hwy V, DeForest, WI 53532, (608) 846-9100**

Thursday, April 25, 2019

7:00pm Executive Committee Meeting

Friday, April 26, 2019

8:00 am House of Delegates

12:00 pm Registration Opens

1:00 pm *Domestic Abuse: Strategies for Supporting Survivors in Healthcare Settings* - Sara Flugum, MSW, Training and Education Coordinator, DAIS (Domestic Abuse Intervention Services)

2:15 pm *WIR Functionality* - Danielle Sill, MSPH, WIR Epidemiologist, Wisconsin Department of Health Services

3:30 pm *HPV Vaccine Updates* - Dr Lindsay Geier

5:00 pm Trivia Night and Taco Bar, earn CEU's while we share a meal!

Saturday, April 27, 2019

7:15 am Welcome & Breakfast

8:00 am *TBD*

9:15 am *Refocusing on the Forest: Studying Interventions to Improve Patients' Quality of Life* - Dr Ryan Spencer, MD, MS, FACOG

10:30 am *The Benefits of CBD Oil* - Tim O'Brien, Owner Apple Wellness / The Healthy Place

11:45 am Awards Luncheon

1:15 pm *Current Fad Diets and Diabetes Refresher* - Rene Walters, RD, CDE

2:30 pm *The Professional Less-Regulation Movement: An Opportunity or Threat for Medical Assistants?* - Donald A. Balasa, JD, MBA, AAMA CEO and Legal Counsel

3:45 pm American Diabetes Association Presentation

4:45 pm Announcements

5:30 pm Executive Committee Meeting

REGISTRATION CLOSES April 6, 2019 (Online registration closes April 8, 2019)

- A fee of \$15.00 will be charged for registrations postmarked after the registration deadline
- Full refund (minus \$5.00 handling fee) for cancellations by April 19, 2019
- No refunds for registrations cancelled after April 23, 2019
- On-site registration does not include meals
- Application has been made for 11 AAMA CEUs
- WSMA reserves the right to make program changes as necessary
- **Register online with paypal at www.wsma.net** (additional fee for paypal)
- **Make checks payable to: WSMA Conference**

- Send registration and payment to: Katy Beam, CMA (AAMA)
1443 Mound St
Madison WI 53711
ph: 608-213-0576
email: wsma.dcm@gmail.com

WSMA reserves the right to use any photograph/videography taken at any WSMA event – without further notification – within WSMA print and electronic materials, including, but not limited to WSMA.net, videos, and social media platforms. By registering for and attending this WSMA event, you agree to permit WSMA to use photographs and/or video featuring your likeness at WSMA's sole discretion

Tax deduction: An income tax deduction is allowed for education expenses to maintain professional skills (Treas. Reg. 1.162-5)

RETURN THIS PORTION WITH REGISTRATION FEE
WISCONSIN SOCIETY OF MEDICAL ASSISTANTS, INC.

64th Annual WSMA State Conference
 Comfort Inn & Suites Madison North, 5025 Co Hwy V, DeForest, WI 53532, (608) 846-9100

Name _____ CMA ___ A ___ C ___ Other _____

AAMA ID# _____

Address _____

City _____ State _____ Zip _____ County _____

Chapter _____

Phone: Hm: (____) _____ - _____ Wk: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

- Delegate Alternate Receipt of payment required ___ Yes ___ No
 Certificate of Attendance required ___ Yes ___ No

REGISTRATION FEES

INSTRUCTIONS: 1) Mark the box(es) to indicate your selection(s)
 2) Add each column to arrive at Total Amount Owed

PLEASE CHECK THE APPROPRIATE BOX:

NOTE: FULL REGISTRATION INCLUDES CEU CREDITS AND ALL MEALS AND FUNCTIONS (excluding HOD Friday lunch)

- AAMA/WSMA Member \$110.00
 Past State President Nonmember \$70.00
 AAMA/WSMA Student Member \$70.00
 Student Nonmember* (1 year) \$80.00
 Student Nonmember* (2 years) \$90.00
 Nonmember* \$212.00
 Life/Honorary Member No fee
 Complimentary Registration No Fee

I WILL ATTEND THE FOLLOWING:

- Friday House of Delegates (HOD)
 Friday HOD lunch (payment due at conference, separate from registration fee)
 Friday Welcome Party with taco bar & Trivia Night
 Saturday Breakfast
 Saturday Luncheon - Awards/Installation

SPECIAL MEAL REQUESTS:

- Gluten Free
 Vegetarian
 Other _____

Meal tickets (for guests only)	Number of Tickets	Total
Friday Welcome Party	_____	\$15.00 /each
Saturday Breakfast	_____	\$15.00/each
Saturday Awards/Installation Luncheon	_____	\$15.00/each

TOTAL AMOUNT OWED \$ _____ Receipt of payment required ___ Yes ___ No
 Certificate of Attendance required ___ Yes ___ No

* Registration fee includes membership to AAMA/WSMA. Application for membership must be completed during the conference

- I wish to join AAMA/WSMA. I do not wish to join AAMA/WSMA