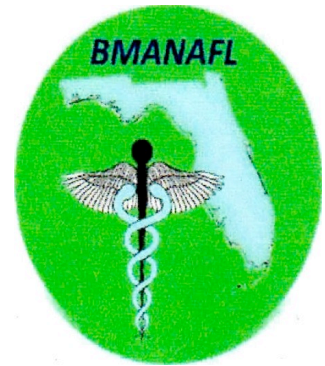




**BANGLADESH MEDICAL ASSOCIATION
OF NORTH AMERICA
37TH ANNUAL CONVENTION
ROSEN SHINGLE CREEK
ORLANDO, FLORIDA
JULY 27 - JULY 30, 2017**



REGISTRATION FORM

Convener

Kabir Choudhury, MD

Chief Coordinator

Basher Atiquzzaman, MD

**Manager of Convention
events and Logistics**

Bashir Ahmed, MD

**Director of Finance and
fundraising**

S.M Hasanuzzaman, MD

Members

Belayet Hossain, MD

Khaza Chowdhury, MD

Mostafa Hasan, MD

(If spouse is a BMANA member use another form)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Cell: _____ email: _____

Medical School: _____ Year of: _____ Membership # _____

Current Affiliation: _____

Check as appropriate

BMANA Membership Dues (check one)

- ❖ Current Life Member 0.00
- ❖ New Life Member 750.00
- ❖ Annual Member 2017 75.00
- ❖ Associate Member 2017 50.00
- ❖ Adjunct Member 0.00
- ❖ Physician in Training 35.00

Registration Dues (including Banquet & CME)

- ❖ All Member Pre-Registered 250.00
- ❖ Onsite Registration 300.00
- ❖ Non-Member 350.00
- ❖ Residents or Fellows 75.00
- ❖ Medical Students 40.00

Banquet and Cultural Show

- ❖ Addition per person 120.00 X _____ = _____ .00
- ❖ Children (in a different room) 35.00 X _____ = _____ .00

Picnic including Lunch & Dinner

- ❖ Adult 75.00 X _____ = _____ .00
- ❖ Children (5-12) 40.00 X _____ = _____ .00

Cash/Check# _____ Total Paid: _____

Signature: _____

Make checks payable to BMANA: (Bangladesh Medical Association of North America) PLEASE MAIL YOUR CHECK TO ANY ONE OF THE FOLLOWING ADDRESSES:

Mustaq Siddique, MD
6 Captain Theale Road
Bedford, NY 10506
mustaqsid@gmail.com (718 794 4414)

Riaz Chowdhury, MD
4801 Fielding Dr
Raleigh, NC 27606
riazchowdhury11@gmail.com (919 749 0389)