



**Nevada State  
Medical Association**  
*Advocates for high quality care since 1875*

## NSMA 113th ANNUAL MEETING SCHEDULE August 25-27, 2017

### FRIDAY

**AUGUST 25, 2017**

10:00 a.m. – 5:00 p.m.	Registration > All Attendees: Check-in and pick up your registration packet
11:00 a.m. – 2:00 p.m.	NSMA Council Meeting & Lunch > Council Members Only: Discussion and lunch
3:00 p.m. – 4:00 p.m.	Membership Strategic Planning
5:00 p.m. – 6:00 p.m.	Opening House of Delegates
*6:00 p.m. – 7:00 p.m.	Cocktail Reception
7:00 p.m.	Dinner & Welcome
7:00 p.m. – 9:00 p.m.	CME

### SATURDAY

**AUGUST 26, 2017**

7:30 a.m.	Breakfast
*8:00 a.m.	HOD: Discussion on Resolutions
*10:30 a.m. – 1:00 p.m.	Reference Committee A
*10:30 a.m. – 1:00 p.m.	Reference Committee B
1:30 p.m. – 3:30 p.m.	Poster Contest
3:30 p.m. – 5:30 p.m.	Bocce Ball Tournament
6:00 p.m.	Cocktail Reception
7:00 p.m.	Dinner/Awards Ceremony

\*Reference Committees will meet upon adjournment of HOD

### SUNDAY

**AUGUST 27, 2017**

8:00 a.m.	Breakfast/County Caucus Meetings
8:30 a.m.- 12:00 p.m.	HOD - Closing Session
12:00 p.m.	Adjourn



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## HOTEL REGISTRATION INFORMATION

### The Renaissance Reno Downtown Hotel



1 South Lake St. | Reno, Nevada 89501 | (775) 682-3900

### Group Rate

\$129.00 plus taxes, Standard King or Double Queen

### Reservation Deadline is July 25, 2017

[http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Nevada%20State%20Medical%20Association%5ERNOBR%60NSMNSMC%7CNSMNSMD%60129.00%60USD%60false%604%608/25/17%608/27/17%607/25/17&app=resvlink&stop\\_mobi=yes](http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Nevada%20State%20Medical%20Association%5ERNOBR%60NSMNSMC%7CNSMNSMD%60129.00%60USD%60false%604%608/25/17%608/27/17%607/25/17&app=resvlink&stop_mobi=yes)

# 2017 NSMA Annual Meeting Registration Form

Please complete the form below and mail it with a check payable to:  
NSMA, 3700 Barron Way, Reno, NV 89511 or call (775) 825-6788 to pay by credit card.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Please check **ALL** functions and meetings you plan to attend and indicate the number of people attending.

## Friday, August 25 # of People

- \_\_\_ Council Meeting and Lunch \_\_\_\_\_
- \_\_\_ Membership Strategic Planning \_\_\_\_\_
- \_\_\_ Opening House of Delegates \_\_\_\_\_
- \_\_\_ Cocktail Reception (No Host Bar) \_\_\_\_\_
- \_\_\_ Dinner & Welcome \_\_\_\_\_
- \_\_\_ CME Scientific Session \_\_\_\_\_

## Saturday, August 26 # of People

- \_\_\_ Breakfast \_\_\_\_\_
- \_\_\_ House of Delegates \_\_\_\_\_
- \_\_\_ Interested in playing Bocce Ball? \_\_\_\_\_
- \_\_\_ Cocktail Reception (No Host Bar) \_\_\_\_\_
- \_\_\_ Banquet/Awards Ceremony \_\_\_\_\_

## Sunday, August 27 # of People

- \_\_\_ Breakfast/County Caucus Meetings \_\_\_\_\_
- \_\_\_ Closing House of Delegates \_\_\_\_\_

### Meeting Registration Fees

**Physician/Member: \$495**

Physician Member Registration  
Fee Above Includes:

- Breakfasts
- Council Lunch
- Friday Reception and Dinner
- Saturday Reception and Dinner
- CME credit fee

**Guest/Spouse: \$200**

Guest/Spouse Registration Fee Above Includes:

- Friday Reception and Dinner
- Saturday Reception and Dinner
- Saturday/Sunday Breakfast

#### Individual Tickets:

Guest/Spouse Friday Night Dinner:

**\$50 NSMA Member**

**\$75 Non-Member**

Guest/Spouse Saturday Night Dinner: **\$125**

Total Amount Enclosed: \$ \_\_\_\_\_

**Registration Deadline**

August 1, 2017

**Please book TODAY!**

Please choose one:

\_\_\_ I would prefer a **printed, hard copy** of the Annual Meeting Event Program.

\_\_\_ I would prefer a **digital (USB) copy** of the Annual Meeting Event Program.

continued on next page...

# 2017 NSMA Annual Meeting Registration Form Continued

Please complete the form below and mail it with a check payable to:  
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## METHOD OF PAYMENT

**Check** - Please make check payable to: NSMA

Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

**Credit Card** - Please indicate your card type:

Visa       Master Card       AMEX       Discover

Card Number:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_      SC: \_\_\_\_

\_\_\_\_\_  
Credit Card Authorization Signature

\_\_\_\_\_  
Date

Mail to: Nevada State Medical Association  
3700 Barron Way  
Reno, NV 89511

**FOR ADDITIONAL INFORMATION CONTACT SARAH PENROSE AT  
[sarah@nvdoctors.org](mailto:sarah@nvdoctors.org)**

3700 Barron Way | Reno, NV 89511 | Office: 775.825.6788 | [www.nvdoctors.org](http://www.nvdoctors.org)