



**CCMS 2018 Annual Meeting
Friday, April 20
The Heathman Hotel**

RSVP (please type or print clearly)

Full Name _____ Name for Badge _____

Spouse's Name for badge _____

Group/Clinic Name _____

Please help us update our records:

Address _____

City/State/Zip _____

Phone _____ Email (Required) _____

- My food preference is vegetarian* *My food preference is vegan*
 My food preference is gluten free

Conference Registration

- CCMS Member (any paying member)
 Resident
 I will be bringing my spouse
 I will attend the pre-function legislative update

*Please fax to 206-441-5863 or scan and email to Emily Jones at emily@wsma.org
Questions? Please contact Emily Jones, 206-956-3621*