

BMCAA Cleveland Convention 2013



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REGISTRATION FORM

We welcome you, your spouse, children, grandchildren, family members & friends. Please make your check payable to " BMCAA "

Registration Fee	Received by 01 May 2013	Received on & after 02 May 2013	
Adult	\$300	\$400	
Child any age	\$150	\$200	

- 100% refund if cancellation request received by 01 June 2013
- \$50 cancellation fee if cancellation request received on 02 June 2013 to 01 August 2013
- Last cancellation date is 01 August 2013

REGISTRATION INFORMATION:

Member name:				
	First	Middle	Last	
Address:				
City	,		State	Zip
Phone:	Cell:		Fax:	
Email address:			Year entered BMC:	
Attendees:				Amount Due
1. Member Name:				\$
2. Spouse Name: _				\$
Children Name:			<u>Year born</u>	
1				\$
23.				\$ \$
4.				\$
Guest Name:			<u>Year born</u>	
1				\$
2				\$
				\$ \$
Please make yo	our check payable	e to " BMCAA "	Total Amount Du	ıe: \$
	BMCAA CI	eveland Co	nvention 20	13

Convention Chair: Ajeet Kothari MD





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Renaissance Cleveland Hotel 24 Public Square · Cleveland, Ohio 44113 USA Phone: 216.696.5600 In US: 888.236.2427

http://www.marriott.com/hotels/travel/clebr?groupCode=bmcbmca&app=resvlink&fromDate=8/8/13&toDate=8/11/13

- Use the link above OR ask for group rate under " BMCAA Baroda Medical college"
- ROOM RATES \$109/DAY TILL GROUP BLOCK IS SOLD OUT
- SELF PARKING RATE \$12/DAY





Convention Chair: Ajeet Kothari MD