

Brown Department of Family Medicine 45th Anniversary Celebration and Kent-Thundermist 10th Anniversary Celebration – Friday March 27th 6:00 p.m. – 10 p.m.



RHODE ISLAND ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR RHODE ISLAND

Prefix _____ First Name _____

Last Name _____

Email Address _____

Registration Type (Check All that Apply)

_____ \$100.00 Alumni Guest _____ \$100.00 Brown Alumni _____ \$100.00 Kent-Thundermist Alumni

_____ \$25.00 Children (It is Family Medicine) _____ \$50.00 Sponsor a Student/Resident)

_____ \$75.00 Resident/Fellow

Mobile Phone Number _____

Title _____

Home Address

Address 1 _____

Address 2 _____

Country _____

City _____

State/Province _____

ZIP/Postal Code _____

Do you have Special Dietary Requirements _____ ?

Add a Guest

First Name _____ Last Name _____

Email Address _____ Total Amount \$ _____

Credit Card Type: American Express _____ Visa _____ Mastercard _____ Discover _____

Credit Card # _____ Expiration Date _____

Credit Card Security Code _____ Billing Zip Code associated with card _____

Signature _____

Email form to mbialek@rimed.org or Fax Securely to 401- 751-8050