

REGISTRATION FORM
Fall Annual Meeting
Wednesday, October 26, 2022
Hanover Manor
16 Eagle Rock Avenue, East Hanover, NJ

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

***(Required for remote)**

Registration Fees Apply to: ***In-Person*** ***Remote**** (please check one)

Members, NJRA **FREE** _____

Non-Member Physician **\$25.00** _____

Allied Health Professionals **\$50.00** _____

*(Nurses, nurse practitioners,
physicians' assistants, liaisons
to pharma industry)*

Residents/Students/Fellows **FREE** _____

Please make checks payable and mail with completed form to:

New Jersey Rheumatology Association
100 South Jefferson Rd. Suite 204
Whippany, NJ 07981

**** You can also email completed form to: amd@successcomgroup.com**