



SYLHET OSMANI MEDICAL COLLEGE ALUMNI ASSOCIATION, N.A.
(SOMCAA-NA)

9th Biennial Convention 2023

(Attendance, New membership, and Membership upgrade form)

[if your spouse is an alumnus, please fill a separate form with membership due]

NAME: _____

Year of Graduation: _____

ADDRESS: _____

PHONE #: _____

E. MAIL: _____

Current Status: (Attending, fellow, resident, student etc): _____

Membership Fee: *(Skip if already a life member)*

All alumnae are encouraged to be a life member, annual membership no longer exists

- New life membership (\$250) \$ _____
- Biennial membership (\$20) \$ _____

Registration fee for Dinner/Entertainment:

- Attending level physician: \$100 (each) x _____ \$ _____
- Attending Physician & Family of up to four: \$150 \$ _____
- Physician not in Practice: \$75 (each) x _____ \$ _____
- Physician not in Practice with Family of up to four: \$125 \$ _____
- Additional Family member or Guest: \$50 (each) x _____ \$ _____
- Alumni in the process of career track (taking USMLE): \$30 \$ _____
- Children under 5yr: Free x _____
- Silver Sponsor: \$500 (includes Dinner for Two) \$ _____
- Gold Sponsor: \$1000 (includes Dinner for Two) \$ _____
- Platinum Sponsor: \$2000 (includes Dinner for Four) \$ _____

TOTAL PAID: \$ _____

(Please make your check payable to SOMCAA, NA)

Please send your registration form to:
SOMCAA-NA, 33 Cloud Street, Newburgh, NY 12550

For zelle payment to use Ruqaiya Choudhury 845-863-4467 or qchoudhury@gmail.com