MAINE ASSOCIATION MEDICAL STAFF SERVICES

EDUCATION CONFERENCE

Friday, May 2, 2025
8:15 AM – 3:00 PM
Central Maine Medical Center
Conference Room A-B-C; Lower Level
12 High Street, Lewiston, ME 04240

REGISTRATION FORM

Name: _____

Institution: _____

Email address: _____

Job title: _____

Work address: _____

_____

Telephone: _____

Mobile: _____

CONFERENCE FEE:

☐ MeAMSS and NAMSS Members: $75

☐ New Members: $125 (includes annual 2025 Membership)

☐ Non-members: $100

ALL REGISTRANTS:
Email the completed form to Jim Rieder: credentialing@calaishospital.org

PAYMENT INSTRUCTIONS:
MAIL CHECK PAYMENT made payable to *MeAMSS* with a copy of the registration form:

MeAMSS
Mike Durgin, CPCS
PO Box 133
Corinth, ME 04427

Payment questions should be addressed to Mike at mdurgin@northernlight.org.

Registration Deadline:

Wednesday, April 30, 2025, no later than 4 PM.