Hartford Medical Society

HMS Event Registration

Attendee Name:_____

E-Mail Address: _____

Cell Phone: _____

_____

_____

Mailing
Address: _____

_____

_____

Registration fee for non-members

Individuals $50: _____

Members attend for free. Inquire about membership by contacting hartfordmedicalsociety@gmail.com.

Thank you for supporting the Hartford Medical Society

2025 Payment Information: ☐ Check ☐ Credit Card

Credit Card Number:

_____

Name on Card: _____

Address: _____

_____

Total Enclosed: $ _____

Credit Card Additional Information:

Exp Date _____ Sec. Code _____

City/State/Zip: _____

Email: _____

Phone: _____

We look forward to seeing you soon!

Make checks payable to HMS and mail to HMS at PO Box 854, Litchfield, CT 06759
or pay online with a credit card at **www.hartfordmedicalsociety.org.**

Questions: Call the HMS office at (860) 567-3787