

Meeting Location & Host Hotel:

ST LOUIS AIRPORT HILTON

10330 NATURAL BRIDGE RD
ST LOUIS, MO 63134-3303

For Lodging Reservations:

Call 1.314.426.5500 for BMDf's discounted rate of \$99/
night - guaranteed through March 19, 2012.

Conference Highlights:

MEDICAL DISASTER RELIEF: FIRST STEPS
Micah Flint (INMED) and Pat Melancon (BGR)

CHRISTIAN HEALTHCARE FOR THE POOR
IN INNER-CITY MEMPHIS
Rick Donlon, MD - Christ Community Health Services

POST EARTHQUAKE MEDICAL MISSIONS IN HAITI
Francise Milien, MD and Merline Milien, MD

REAPING GOD'S RESOURCES FOR HEALTHCARE MINISTRY
Beth Brown - Butterfield Memorial Foundation

COMPANERISMO MEDICO BAUTISTA DE CUBA OCCIDENTAL
Ernesto Cue Barroso, MD

A STUDENT/ RESIDENT TOOLBOX FOR MEDICAL MISSIONS
Nicholas Comninellis, MD

AT WORK IN ASUNCION:
PARAGUAY BAPTIST MEDICAL CENTER FOUNDATION
Al Hethcock

EYE DOC IN A BOX David Curtis, OD

MOBILE DEVICE APPS IN HEALTHCARE MISSIONS
Bill Sisson

STARTING US CHARITABLE CHRISTIAN CLINICS
Joe McGraw

NEWS FROM THE INTERNATIONAL MISSION FIELD
Long term missionaries JL, LL, MB, AB

Go paperless - register at www.bmdf.org

Find the latest on conference updates, scheduling, special
event developments, exhibitors & more!

BAPTIST MEDICAL DENTAL FELLOWSHIP
4209 ROYAL AVE
OKLAHOMA CITY, OK 73108
WWW.BMDF.ORG

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GATEWAY to the WORLD:
WALK WORTHY
BAPTIST MEDICAL DENTAL FELLOWSHIP
2012 HEALTHCARE MISSIONS CONFERENCE
St Louis Airport Hilton - St Louis, MO
APRIL 19-21, 2012





MAIL-IN REGISTRATION

Name	Title
Spouse (if attending)	Title
Mailing Address	
Email	Telephone

GENERAL REGISTRATION

FEES

AMT ENCLOSED

PHYSICIANS & DENTISTS (check one)

- | | | |
|---|----------|-------|
| <input type="checkbox"/> First-time attendee | \$110.00 | _____ |
| <input type="checkbox"/> One day only | \$110.00 | _____ |
| <input type="checkbox"/> Regular | \$275.00 | _____ |
| <input type="checkbox"/> ALLIED HEALTH / OTHERS | \$55.00 | _____ |
| <input type="checkbox"/> RESIDENTS | \$55.00 | _____ |
| <input type="checkbox"/> SPOUSES | \$100.00 | _____ |
| <input type="checkbox"/> FULL-TIME STUDENTS | FREE | _____ |
| <input type="checkbox"/> ACTIVE/RETIRED MISSIONARIES | FREE | _____ |
| <input type="checkbox"/> LATE FEE (after 3/19/12) | \$25.00 | _____ |
| <input type="checkbox"/> Gift for student/missionary expenses | | _____ |

MEAL EVENTS

- | | | |
|---|---------------|-------|
| <input type="checkbox"/> FRIDAY Breakfast w/Missionaries | \$25.00 x ___ | _____ |
| <input type="checkbox"/> SATURDAY Breakfast w/Missionaries | \$25.00 x ___ | _____ |
| <input type="checkbox"/> Saturday DENTAL Breakfast | \$25.00 x ___ | _____ |
| <input type="checkbox"/> Saturday BANQUET | \$40.00 x ___ | _____ |
| <input type="checkbox"/> Saturday BANQUET - full-time student | \$10.00 x ___ | _____ |

The following are the only daytime activities on Friday. Space is limited; pre-registration is needed.

FRIDAY EXTENDED SEMINARS REGISTRATION

CHRISTIAN HEALTHCARE FOR THE POOR IN INNER-CITY MEMPHIS - 9am-12noon

Rick Donlon, MD - Christ Community Health Services

- Seminar (no lunch) \$25.00 x ___ _____

EYE DOC IN A BOX - 9am-3:30pm

David Curtis, OD

- Seminar (includes lunch and manual) \$50.00 x ___ _____

MEDICAL DISASTER RELIEF : FIRST STEPS - 9am-4pm

DISASTER MANAGEMENT-COMPETENCY IN CHAOS* *Micah Flint (INMED)*
LUNCH

ORIENTATION TO THE BAPTIST DISASTER RELIEF NETWORK *Pat Melancon (BGR)*

*See attachment for **continuing education credit** details

- Seminar Set (includes lunch) \$30.00 x ___ _____
- Seminar Set (includes lunch and CME or certificate of attendance) \$50.00 x ___ _____

TOOLBOX FOR INTERNATIONAL MEDICAL MISSIONS* - 12noon-4:50pm

Nicholas Comminellis, MD (INMED)

LUNCH
FIGHTING THE DISEASES OF POVERTY
OB COMPLICATIONS - SKILL STATIONS
TROPICAL MEDICINE ROUNDS
PLANNING YOUR INTERNATIONAL HEALTHCARE CAREER

*See attachment for **continuing education credit** details

- Seminar Set (includes lunch) \$30.00 x ___ _____
- Seminar Set (includes lunch and CME or certificate of attendance) \$50.00 x ___ _____

YOUR PAYMENT OPTIONS:

- CHECK enclosed CREDIT CARD

TOTAL FROM

BOTH PAGES > _____

Name on Card	
Card NUMBER	
CVV2 (3 or 4 number Security Code on back of card)	Expiration

MAIL FORM & PAYMENT TO:

BMDF - 4209 ROYAL AVE - OKLAHOMA CITY, OK 73108

You'll receive an email confirming your registration details.