

MAGS

The Metropolitan Area Geriatrics Society

PATIENT CARE, TEACHING, RESEARCH IN AGING

ESTABLISHED 1986

METROPOLITAN NEW YORK CITY

MAGS Membership Form 2016-17

Date: _____

Member name: _____

Member e-mail: _____

Institution: _____

Annual Membership (includes admission to all 5 events and dinner)

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS

- Physicians (including fellows) – \$150 **REDUCED RATE!!**
- Allied Health Professionals – \$150

Admission to Single Event (includes dinner)

- September 28, 2016 – \$50
- November 16, 2016 (Fellows' Career Night) – \$50
- March 22, 2017 – \$50
- May 24, 2017 (Fellows' Research Presentations) – \$50

Donation to help the mission of MAGS \$ _____

Total Amount Enclosed: \$ _____

Checks should be made out to "MAGS" and mailed to:

**Jennifer Breznay, MD, Division of Geriatrics, Maimonides Medical Center
4802 Tenth Avenue, Brooklyn, NY 11219**

Please include me in the online listing of geriatric physicians on the MAGS website: YES NO
If yes, please provide additional/alternate information below:

Office/Institution Address: _____

Phone number: _____ Fax number: _____

For more information, please visit our website at www.MAGSnewyork.com or our facebook page at www.facebook.com/MetropolitanAGS or email us at magsadmin@gmail.com.