

MAGS

Metropolitan Area Geriatrics Society

PATIENT CARE, TEACHING, RESEARCH IN AGING

ESTABLISHED 1986

METROPOLITAN NEW YORK CITY

MAGS Membership Form 2017-18

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)

- October 18, 2017 - \$50
 December 6, 2017 (Fellow' Career Night) - \$50
 March 14, 2018 - \$50
 May 16, 2018 (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 listed of Geriatric Physicians on the MAGS website: YES NO

If yes, please provide additional/alternate information below:

Office/ Institution Address: _____

Office 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.