



Region I

National Medical Association Annual Conference

Marriott Frenchman's Reef
St. Thomas, US Virgin Islands

Room Rate \$180
Space is limited. Make your reservation now!!

For Hotel Reservations call
1.800.223.6388 / 340.766.8500

Patricia Telemarque
or book on line
www.marriott.com
Group Code: **NMANMAB**

For more information visit
www.nmanet.org
Region I website or email
vashtihen@aol.com
301.765.7678

Save the Date
May 21 – 25, 2009
Memorial Day Weekend



OBJECTIVES:

Upon completion of this educational activity, participants should be able to:

- Recognize new treatments for the management of depression
- Identify new developments in HIV/AIDS policy and treatment
- Discuss management of cardiovascular disease in primary care setting
- Facilitate diabetes screening and prevention
- Utilize cutting edge diabetes II research
- Identify new treatment for benign prostatic hypertrophy and chronic kidney disease
- Describe the complexity of lactose intolerance in African Americans

CONTINUING EDUCATION CREDITS:

The National Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Medical Association designates this educational activity for a maximum of **12 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The National Medical Association has been reviewed and approved as an Authorized Provider by the International Association for Continuing Medical Education and Training (IACET), 8405 Greensboro Drive, Suite 800, McLean, VA 22102-5120. The National Medical Association has awarded **1.2** of CEUs to participants who successfully complete this program.

DRAFT AGENDA*

Thursday, May 21, 2009

ARRIVAL IN ST. THOMAS, FRENCHMAN'S REEF HOTEL

6:00 – 8:00PM

Registration/Visit the Exhibits

Welcome Reception and Registration

Friday, May 22, 2009

7:30 – 9:00AM

Registration and Breakfast Buffet/Exhibits

PRIMARY CARE UPDATE

8:35 - 10:40 AM

Diabetes/HgA1c

Lactose Intolerance

Complementary and Alternative Medicine

Sickle Cell Disease Update

INFECTIOUS DISEASE UPDATE

10:40 - 12:00 NOON

HIV Update and the NMA National HIV Testing Project

ONCOLOGY

LUNCHEON PROGRAM/Exhibits

12:00 – 1:00PM

Cutting Edge Research on Type II DM

COMMUNITY HEALTH

1:00-1:05 PM

Combining Medical Practice and Community Service

Smoking Cessation

Intimate Partner Abuse

6:30 – 8:00 PM

Met Life Dinner Presentation (non CME)

Saturday, May 23, 2009

7:30 – 9:00AM

Registration and Breakfast Buffet/Exhibits

WOMEN'S HEALTH

8:30 – 9:35 AM

Osteoporosis Screening and Management

Update on Ovarian Cancer Screening

MEN'S HEALTH

9:35 -10:40 AM

Erectile dysfunction

Cardiovascular Disease

HEALTH POLICY AND RESEARCH

10:40 - 12:00 Noon

Library of Medicine

Highlights from the 2009 Colloquium

NMA National Initiatives/Research

COPD

LUNCHEON Program/Exhibits

12:00 Noon - 1:30PM

CANCER SYMPOSIUM

Breast Cancer Screening

Prostate Cancer Screening

Global Cancer Care

BUSINESS AND MEDICINE

1:30 - 3:00 PM

Health Information Technology: What You Need To Know & What You Must Do

Decreasing Racial and Ethnic Health Disparities through a Nationally Unique Web Site

Region I Business Meeting

3:00 – 3:30 PM

6:30-10:00 AWARDS DINNER DANCE

Sunday, May 24, 2009

Exhibits

Island Activities on You Own

Monday, May 25, 2009

Departures

* subject to change

REGISTRATION FORM
NMA REGION I Annual Meeting
Marriott Frenchman's Reef St. Thomas, USVI
May 21-25, 2009

Name _____ Title _____

Name _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Fax () _____ Email _____

Required

REGISTRATION FEES

NMA Member \$150.....\$ _____

Spouses \$50.....\$ _____

USVI/PR Residents \$25*.....\$ _____

Nurses/Office Staff \$25.....\$ _____

Resident/Intern \$25.....\$ _____

Exhibits \$500.....\$ _____

Total\$ _____

*per day

Please Indicate Method of Payment

Check___(c/o Mr. Alex Johnson, Finance Dept., NMA 1012 Tenth Street, NW, Washington, DC 20001)

Fax or Mail Credit Card Payment AX___ Visa___ MC___ **Diners**___

A/C # _____ V code _____ Exp. Date ___/___

I authorize NMA to charge my credit card for \$_____

Signature _____ **Date** _____

Schedule: **Thur-5/21** Arrival/Reception **Fri -5/22** Program/breakfast/luncheon
Sat-5/23 Program/breakfast/lunch/dinner/dance **Sun-5/24/** Exhibits/Tours/Leisure time
Mon-5/25 Tours/Departure/holiday

Please FAX this form to: Mr. Alex Johnson 202-347-0722