



Address: _____

Street	City	State	Zip
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Cell: _____ Email address: _____

Please make check payable to BMCAA and mail it to:

By registering for this convention, you accept these terms and conditions:

1. Please send the completed registration form with payment and keep the copy for your record.
2. Registration will be fully refundable till January 31st, 2023. It will be non-refundable and non-transferable After that date.
3. Convention team can stop or change terms of this deal at any time.
4. BMCAA/ Gujarati Physicians Convention has limited liability equal to your paid registration fee.
5. Attendees must follow Hotel, Casino, and Convention's terms & conditions.
6. Solicitation for any charitable fund or project will be strictly prohibited. This is **NOT** a 501 C 3 donation.
7. Attendees are responsible to inform any change of email address and phone no. Your personal information may be shared with sponsors of this group as required.
8. Solicitation of any business must require Vendor registration
9. Please send your questions to ajeet123@hotmail.com or call +1 440-289-1000
10. NJ state and CDC COVID19 guidelines will be followed.
11. Link with the code for discounted hotel room will be provided upon registration.