Date: March 4, 2025

To: Certified Medical Assistants, CMA (AAMA)
             Registered Medical Assistants (AAMT) and (ARMA)
             Medical Assistant – NCMA (NCCT)**

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The SIRMA Continuing Education Session will be held on, **Saturday April 5, 2025** in the Commons Room at SWIC's Granite City Campus. ****** PLEASE NOTE CHANGE OF SCHEDULE AND PRICING, DUE TO UNABLE TO OBTAIN 4TH SPEAKER.   NO LUNCH WILL BE SERVED AT THIS SESSION. ******

If you have any questions regarding:
Registrations, please contact Sara Baer at sbaerISMA@wisperhome.com
Program, please contact Najla Mitchell at najbaby@att.net

Please continue to pass this information on to any CMA (AAMA) or RMA in your offices.   Continuing education is the main reason for SIRMA's existence.

There is still some confusion as to membership status. For clarification copies of the of AAMA Membership vs Certification Card are enclosed. Attendees would be considered **members only if they have a CURRENT**, **AAMA Membership card**. An attendee that holds membership in another organization other than the AAMA, an expired AAMA membership card or an AAMA certification card only are all considered as nonmembers.

If you are not a member, check out www.aama-ntl.org/membership/join-info. Membership would allow you the member pricing for all SIRMA, Illinois Society and AAMA events or AAMA online CEU activities. RMA's can also join the AAMA.***
        **NCMA's will need to check with their credentialing board to see if AAMA credits can be used
        for recertification.

All registrations are verified with AAMA and if you are not listed as a member, you will be contacted and asked to provide proof of current AAMA membership.

Any attendee whose check is returned for non-sufficient funds (NSF) will be invoiced for $25.00 to cover banking fees AND will be placed on a cash or money order only for future events.

For more information visit the Illinois Society of Medical Assistants (ISMA) website under Upcoming Events at www.illinoissma.org.

*** It is recommended non-CMA's contact AAMA membership department directly to verify the category of membership you would qualify for.

Southern Illinois Regional Education Session: April 5, 2025

SWIC's Granite City Campus, Commons Room, 4950 Maryville Road, Granite City, IL 62040

Refunds will not be made for cancellations after **3/29/2025**, with exception of a medical emergency.

A healthcare practitioner note required for refunds to be issued for cancellations after 3/29/2024.

Times	Preliminary Agenda	CEU
8:00am – 8:30am	Registration/Breakfast– Bagels, Fruit, Juice, Coffee, and Water	
8:30am – 10:00am	CEU Session – Transgender	1.5
10:00am – 11:30am	CEU Session – Brain Balance	1.5
11:30pm – 1:00pm	CEU Session – Lumbar Spine Triage: Differentiating Urgent vs Emergent Cases for Optimal Management	1.5

** SIRMA reserves the right to change program order and/or topics**

Form and payment must be postmarked by 03/22/2025. *Late registration fees will apply for all registrations postmarked 03/23/2025 and after.* * It is recommended if unable to have your registration postmarked by 03/22/2025 to notify Sara Baer that you will be attending, for food count to be accurate, and bring registration form with payment to the event.*

Phone, email, Facebook or verbal notice is not considered early registration

Check One	Registration Categories	Fees	Total Paid
	AAMA Members*	$15.00	$
	AAMA Non-Members (CMA and RMA)	$25.00	$
	Student (Member or Non-Member)	$10.00	$
	Late Registration Fee – If Post Marked on or after 03/23/2025	*$ 9.00*	$
	Total payment		$

Attendees WILL NOT be admitted if registration and payment is not received.

Make checks payable to: Southern Illinois Regional Medical Assistants

Return form to: Sara Baer, 11441 Pleasant Valley School Road, Trenton, IL 62293

PLEASE PRINT CLEARLY AND IN BLACK INK ONLY

Name Attendee: _____

AAMA Member #_____   Chapter: _____

Title: [   ] CMA (AAMA)   [   ] RMA   [   ] Student   [   ] Other_____

Address: _____

City: _____   State: _____   Zip Code: _____

Contact Phone #: _____   Email: _____

[   ] Check here if a receipt is needed.   [   ] If non-member need last 4 of zip code _____

*********************************Internal Use Only********************************

Postmarked: _____   Total Paid: $_____

Paid by: Cash   Check   MO   Check/MO # _____

Refund: _____   Notes:_____