

Contact Information

Name _____
 Company Name _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____
 Phone _____ Email _____
 Guest Name (if applicable) _____

I am a first time attendee

Do you have any special dietary considerations (vegetarian or food allergies)? _____

For any accessibility and/or special dietary requirements contact allisonk@mmgma.org

Registration Prices

	On or Before February 5, 2018	After February 5, 2018
MMGMA Member	<input type="checkbox"/> \$285	<input type="checkbox"/> \$335
HFMA, HHRAM and MMA Members	<input type="checkbox"/> \$285	<input type="checkbox"/> \$335
Non-Member	<input type="checkbox"/> \$410	<input type="checkbox"/> \$460
Student Member	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
Morning at the Capitol	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
Tuesday Evening Reception - Guest <i>Reception is included in registered attendee fees.</i>	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30

GRAND TOTAL: \$ _____

Payment (must accompany application)

Check (payable to MMGMA) Visa Mastercard

If paying by credit card, all fields below are required. Note: Full payment must accompany order to reserve your space.

Name (as it appears on card) _____
 Card Number _____ Exp. Date _____ Sec. Code _____
 Phone _____ Authorized Signature _____
 Address (if different than above) _____
 City _____ State _____ Zip _____

Due to PCI Compliance, please do NOT provide any credit card information via email. Call or fax it in only.

Any person who attends the MMGMA Conference grants permission to MMGMA to record his or her visual/audio images, including but not limited to photographs, digital images, voices, sound or video recordings, audio clips, or accompanying written descriptions, and for MMGMA to use his or her name and such recorded material without notification for any purpose, including advertisements for future programs and events.

All cancellations received by February 5, 2018, will receive a full refund minus a \$25 administrative fee. Cancellations received after February 5, 2018, will not receive a refund. If someone has to cancel after February 5, someone from the same organization may take their place.

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		



Mail/Fax with payment to:
 Minnesota Medical Group Management Association
 1000 Westgate Drive, Suite 252 | St. Paul, MN 55114
 Phone: 651-366-6089 | Fax: 651-290-2266
 Questions? Contact Allison Kindseth at allisonk@mmgma.org or 651-265-7855.