

**Contact Information**

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Postal 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)?

Allergy \_\_\_\_\_  Gluten Free  Kosher  Lactose Intolerant  Sugar Free  Vegan  Vegetarian  Other \_\_\_\_\_

Pursuant to the Americans with Disabilities Act, do you require specific aids or services?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you require accessibility adjustments or services?  Visual  Audio  Mobile

**Registration Rates**

MEMBER TYPE	EARLY BIRD RATES <i>(on or before 2/5)</i>	STANDARD RATES <i>(after 2/5)</i>
<b>MMGMA Member</b>	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349
<b>HFMA, HHRAM and MMA Members</b>	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349
<b>Non-Member</b>	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475
<b>Student Member</b> <i>*Verification of full-time student status is required</i>	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
<b>Morning at the Capitol</b> <i>*Pre-registration is required for this event</i>	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
<b>Tuesday Evening Reception - Guest</b> <i>*Reception is included in registered attendee fees</i>	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30

**Payment (must accompany application)**

**GRAND TOTAL: \$** \_\_\_\_\_

Check (payable to MMGMA)  Visa  Mastercard  American Express  Discover

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

Name (as it appears on card) \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Address  Same as above \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Cancellation Policy:** All cancellation requests must be submitted through the online [Cancellation/Refund Request Form](#) on or before **February 5, 2019**, to be eligible to receive a refund of the registration fee minus a \$25 administrative fee. Cancellations received after February 5, 2019, will not receive a refund. If someone has to cancel after February 5, someone from the same organization may take their place.

**Photo Consent:** As part of the MMGMA Winter Conference, you may be photographed or you may be recorded on audio and/or video. These items may be used in promoting future conferences or in other marketing related to MMGMA. Your attendance at this event implies your consent to be photographed or recorded.

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



**Mail/Fax with payment to:**  
Minnesota Medical Group Management Association  
1000 Westgate Drive, Suite 252 St. Paul, MN 55114-1067  
Fax: 651-290-2266 | Phone: 651-366-6089 | email: [info@mmgma.org](mailto:info@mmgma.org)

(For office use only)

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