

2019 Day with the Payers

Attendee Registration Form

Earle Brown Heritage Center | Brooklyn Center, MN
May 16, 2019



This form can also be filled out at:
www.mmgma.org

Contact Information

Name _____
Company Name _____
Address _____
City _____ State _____ Zip Code _____ Country _____
Phone _____ Email _____

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

Registration Prices

March 5 – April 17

April 18 – May 16

Single Attendee Rate

\$135

\$170

Multiple Attendee Rate*

\$110

\$145

*Multiple attendee rate applies to companies sending more than 1 representative. If company sends more than 1 representative then each representative is charged the multiple attendee rate.

Additional Company Registrations

Mar 5 – Apr 17 Apr 18 – May 16

1. \$110 1. \$145 Name _____ Email _____
2. \$110 2. \$145 Name _____ Email _____
3. \$110 3. \$145 Name _____ Email _____

GRAND TOTAL: \$ _____

Payment (must accompany application)

Check (payable to MMGMA) Visa Mastercard American Express

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.

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.

Cancellations – All cancellation requests must be submitted through the online Cancellation/Refund Request Form on or before Friday, May 3, 2019 to be eligible for a refund of the registration fee. No refunds will be provided for cancellations received after May 3. No-shows will be billed for any unpaid registration fees.

Mail/Fax with payment to:

Minnesota Medical Group Management Association
1000 Westgate Drive, Suite 252 | St. Paul, MN 55114
Fax: 651-290-2266
Questions? Contact us at info@mmgma.org or 651-366-6089.

(For office use only)

initials		fin.
date		
CK/CC		
paid		