

To register you must be an OMGMA or WSMGMA member or a full-time employee or principal of a member medical group practice. Employees of the same medical groups as a practice manager-member may register at the member rate. Members of other state MGMA affiliated organizations may register at member rates. Independent consultants may register at the non-member rate. **Vendors, suppliers, and all other consultants are not eligible to register, and are encouraged to contact the WSMGMA office for information on exhibit opportunities.**

(Please type or print clearly)

Full Name		<input type="checkbox"/> CMPE	<input type="checkbox"/> FACMPE
Title	Nickname for Badge		
Group Specialty	Medical Group		
Address			
City/State/Zip			
Phone	Fax	Email	

My food preference is vegetarian

Conference registration fee includes tuition, program materials, and all meals and entertainment. You must register and pay separately for the Sunday Golf Scramble and the Pre-conference Workshops. Golf Scramble includes green fees, cart and lunch.

	<u>Postmarked before Friday, March 28</u>	<u>Postmarked after Friday, March 28</u>	
Conference Registration • April 27 – 30			
<input type="checkbox"/> Oregon or Washington MGMA Member	\$325	\$375	_____
<input type="checkbox"/> Employee or Principal of Member Group	\$325	\$375	_____
<input type="checkbox"/> Non-Member	\$425	\$475	_____
Tuesday Evening Dinner • April 29			
Self (Included) – I plan to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Guest Ticket(s) # _____ x \$ 60			_____
Wednesday Marketing Session	\$ 75	\$ 95	_____
Register for this event <i>ONLY</i> if not attending the full conference			
Pre-Conference Workshops • April 27			
<input type="checkbox"/> Physician Compensation Plan	\$ 75	\$ 95	_____
<input type="checkbox"/> Legal Basics	\$ 75	\$ 95	_____
<input type="checkbox"/> ACMPE Overview	\$ 25	\$ 50	_____
<input type="checkbox"/> Fellowship Papers Tutorial	\$ 75	\$ 95	_____
Golf Scramble • April 27			
<input type="checkbox"/> Myself Handicap/Average Score _____	\$ 50	\$ 65	_____
<input type="checkbox"/> Guest Handicap/Average Score _____	\$ 50	\$ 65	_____
TOTAL:			=====

PAYMENT: Mail to **WSMGMA**, 2033 Sixth Avenue, Suite 1100, Seattle, WA 98121

- Enclosed is my check made payable to: **WSMGMA**
- Credit Card Payment: Visa or MasterCard *Only*. Mail to address above or FAX to 206-441-5863

Credit Card No.	Exp Date	Credit Card Verification Value
Print Name	Signature	

DEADLINES: Your registration must be received by no later than April 18, 2008, to ensure that your name will appear on the program roster.

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds will be issued after April 18, 2008.

INQUIRES: Contact Jan Larsen at the WSMGMA Office at 206-956-3643, or call toll free from Washington, 1-800-552-0612, ext.3026, or send emails to JAL@wsma.org