

# REGISTRATION FORM

## Florida MGMA Annual Conference

*Come Look Into the Crystal Ball and See What the Future of Healthcare Holds*

Caribe Royale Resort – Orlando, FL

April 19, 20 & 21, 2010

Name \_\_\_\_\_ Suffix/Credentials \_\_\_\_\_

Title \_\_\_\_\_ # Physicians in Practice \_\_\_\_\_

Practice/Company Name \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Email: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

### FEES:

#### Postmarked on or before March 25, 2010

FMGMA Member \$265 \$ \_\_\_\_\_

Non Member \$375 \$ \_\_\_\_\_

#### Postmarked after March 25, 2010

FMGMA Member \$315 \$ \_\_\_\_\_

Non Member \$425 \$ \_\_\_\_\_

**Opening Reception/Dinner & Hypnotist Show** \_\_\_\_\_ at \$40 each \$ \_\_\_\_\_

(Guest tickets, one ticket included in registration fee.)

**TOTAL ENCLOSED** \$ \_\_\_\_\_

Please Make Checks Payable to Florida MGMA and mail to:

**Florida MGMA**

Conference Coordinator

P.O. Box 210986

Royal Palm Beach, FL 33421-0986

\_\_\_\_\_ If you have a disability or require special accommodation to participate in this conference check here and someone will contact you to discuss your specific needs.

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**You may fax registration with credit card information to (205) 981-2901**

**Credit Card Type** – VISA          Mastercard          American Express          (please circle one)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Street Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

VCode \_\_\_\_\_ Signature \_\_\_\_\_