

# Annual Conference Registration Form

May 8-10, 2019 • Embassy Suites • Wilmington, NC

Name \_\_\_\_\_

First Name for Badge \_\_\_\_\_ Designation(s) \_\_\_\_\_

Group/Organization \_\_\_\_\_ Specialty \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email (required to receive confirmation) \_\_\_\_\_

**Affiliation:**  Independent Medical Group  Individual Hospital  Independent Health System/ Physician Network *(Medical Practice with Managed agreement)*  
 Practice Management Company

Please check here if this is a new address or business  
 Please check here if you have a disability that requires special assistance or any special dietary needs that require staff attention. A staff member will contact you.

Is this your first time attending an NCMGMA Conference?  Yes  No  
 Would you like to volunteer at the registration desk?  Yes  No

**Registration**

Please select the registration classifications that apply. For classification explanations please visit the NCMGMA website at <http://www.ncmgm.org/ncmgma-annual-conference>.  
 For any additional staff or guests, please use the box to the right to provide necessary information.

Classification	Please Check	By 4/22	After 4/22
NCMGMA Active Members	<input type="checkbox"/>	\$325	\$375
Active Non-Members *	<input type="checkbox"/>	\$475	\$525
Affiliate Members	<input type="checkbox"/>	\$500	\$550
Affiliate Non-Members	<input type="checkbox"/>	\$600	\$650
Additional Staff *	<input type="checkbox"/>	\$225 ea.	\$275 ea.
Student	<input type="checkbox"/>	\$100	\$100
Guest(s)* <i>(May 9<sup>th</sup> evening reception only)</i>	<input type="checkbox"/>	\$100	\$125

\* Non-member registration fee includes one year of complimentary NCMGMA membership for qualifying Active members.

**50/50 Raffle Tickets - Benefiting the Davis-Watson Scholarship** (Optional)

Please make your ticket selection  1 for \$5  2 for \$10  3 for \$15  5 for \$20

**Registration Fees**

REGISTRATION FEES \_\_\_\_\_ + RAFFLE TICKETS \_\_\_\_\_ = TOTAL: \$ \_\_\_\_\_  
 On behalf of NCMGMA, \$5 of your attendee registration fee will be donated to the Davis-Watson Scholarship Fund.

**Payment Information**

VISA  MasterCard  Discover  AMEX

Check - payable to NCMGMA; mail to NCMGMA, 1300 Baxter St., Ste. 360, Charlotte, NC 28204

CC#: \_\_\_\_\_ Exp. Date \_\_\_\_\_

CID # on front of card (AMEX) \_\_\_\_\_ Last 3 digits on back of card (VISA/MC/Discover) \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

Authorized Sig. \_\_\_\_\_ Date \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

**Fax registration form, along with credit card payment, to 704-365-3678.**

Registration cancellations must be received in writing. Cancellations received on or before May 1st (seven business days prior to the conference) are entitled to a full refund less a \$50 processing fee. No refunds will be awarded for cancellations after May 1st or for no-shows.

**Registration Confirmation**

Registration confirmations are sent via email. A hotel reservation form will be sent for you to fill out. Note: The hotel will accept online, fax or mailed registrations only for the NCMGMA room block. If you do not receive an email confirmation of receipt within 48 hours, please contact the NCMGMA office.

**\*Additional Staff Contact Information**

Name \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Email \_\_\_\_\_  
 First time at an NCMGMA Conference?  Yes  No

Name \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Email \_\_\_\_\_  
 First time at an NCMGMA Conference?  Yes  No

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 Designation \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Email \_\_\_\_\_  
 First time at an NCMGMA Conference?  Yes  No

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 Designation \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Email \_\_\_\_\_  
 First time at an NCMGMA Conference?  Yes  No

**\*Guest Names**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Questions**

Call the NCMGMA offices at 800-753-6462 or 704-365-0565 or email [info@ncmgm.org](mailto:info@ncmgm.org).