

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 4/15	After 4/15
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 9th 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

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

*Guest Names



Questions

Call the NCMGMA offices at 800-753-6462 or 704-365-0565 or email info@ncmgm.org.