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MGMA Member ID # (if applicable)

First name Middle initial Last name

Title Organization

Address Work address Personal address

City State ZIP

Phone Ext. Email

Male Female Date of Birth

Year started in medical practice management

Medical Practice: Yes No

Multispecialty (primary and specialty care) Multispecialty (specialty care) Multispecialty (primary care) Single-specialty

Group size: FTE If not a medical practice, type of organization

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Summary table with 2 columns: Description, Total Price. Includes rows for Sub-total, Sales Tax, Shipping and handling, Total.

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Key code: STATECONS19



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Key code: **STATECONS19**

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