

# TMGMA Annual Spring Conference

March 22-24, 2010

## Registration Form

Please make copies of this form if more than one person is registering.  
You can now also register online with a credit card at [www.tmgma.com](http://www.tmgma.com).

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix/credentials: \_\_\_\_\_

Title: \_\_\_\_\_ Company/Practice: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Practice Specialty: \_\_\_\_\_ Is this an address change? \_\_\_\_\_

Preferred Name on Badge: \_\_\_\_\_

Circle all that apply: First-time Attendee New Member Fellow CMPE Nominee Local Chapter Officer

REGISTRATION FEES:	Postmarked on/before February 28, 2010	Postmarked after February 28, 2010
TMGMA Member TMGMA Member # _____	\$ 225	\$ 275 _____
TMGMA Life Member	\$ 0	\$ 0 _____
NON-Member (please see website for membership info.)	\$ 325	\$ 375 _____
Guest (includes meals/receptions ONLY)	\$ 75	\$ 75 _____

If registering guest: Guest Name: \_\_\_\_\_

### PRE-CONFERENCE WORKSHOPS

LEAN/Six Sigma With conference registration	\$ 39	No late registration	_____
Workshop ONLY - member	\$ 59	No late registration	_____
Workshop ONLY - non-member	\$ 119	No late registration	_____
Coding 1-10 With conference registration	\$ 29	No late registration	_____
Coding workshop ONLY - member	\$ 49	No late registration	_____
Coding workshop ONLY - non-member	\$ 89	No late registration	_____
ACMPE With conference registration	\$ 0	No late registration	_____
ACMPE workshop ONLY - member	\$ 0	No late registration	_____
ACMPE workshop ONLY - non-member	\$ 29	No late registration	_____

Total Registration Fees Due: \_\_\_\_\_

For count purposes, please indicate your attendance at the following:

Monday Reception \_\_\_ Yes \_\_\_ No Tuesday Breakfast \_\_\_ Yes \_\_\_ No Tuesday Lunch \_\_\_ Yes \_\_\_ No Wednesday Breakfast \_\_\_ Yes \_\_\_ No

Thursday Night Special Event (no charge for attendee and registered guests): Attendee \_\_\_ Guest \_\_\_

Please fax completed form with credit card information to 615.662.8864 or register online at [www.tmgma.com](http://www.tmgma.com):

\_\_\_ VISA \_\_\_ MasterCard \_\_\_ AmEx Name on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. \_\_\_\_\_ CVV (3-digit security code): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or mail completed form with check made payable to TMGMA, P.O. Box 3392, Brentwood, TN 37024

Questions: 866.739.MGMA or [melissaowilson@comcast.net](mailto:melissaowilson@comcast.net)