

Registration Form

NCMGM FALL CONFERENCE WEATHERING THE SEASON OF CHANGE SEPTEMBER 16 - 18, 2009 | PINEHURST RESORT

Online registration available at www.ncmgm.org

Name _____
 First Name for Badge _____ Designation _____
 Group/Organization _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-Mail (required to receive confirmation) _____

PLEASE CHECK ALL THAT APPLY:

- 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.

If you would like to sign up for an NCMGM committee, please check the committee(s) you are interesting in serving on:

- ACPE/Education Blue Cross Blue Shield Conference Government Affairs
- Medicaid Medicare Membership Sponsorship
- Workers Compensation University

- Will this be your first time attending an NCMGM Conference? Yes No
- Will you be attending the Thursday, September 17th evening reception and dinner? Yes No
- Would you like to volunteer at the conference registration desk? Yes No

FEES - MGMA & NCMGM MEMBERS:

	<u>Please check</u>	<u>By 8/31</u>	<u>After 8/31</u>
MGMA Education & NCMGM Fall Conference	<input type="checkbox"/>	\$399	\$449
NCMGM Fall Conference Only	<input type="checkbox"/>	\$270	\$320
MGMA Education Only	<input type="checkbox"/>	\$169	\$169
Guest (Thursday evening reception & dinner program only)	<input type="checkbox"/>	\$50	\$50

FEES - NON MEMBERS:

MGMA Education & NCMGM Fall Conference	<input type="checkbox"/>	\$569	\$619
NCMGM Fall Conference Only	<input type="checkbox"/>	\$370	\$420
MGMA Education Only	<input type="checkbox"/>	\$199	\$199
Guest (Thursday evening reception & dinner program only)	<input type="checkbox"/>	\$50	\$50

Guest Name: _____

TOTAL FEES: \$ _____

PAYMENT INFORMATION:

- Check enclosed. Mail form along with check, made payable to NCMGM, to: **NCMGM, PO Box 63241, Charlotte, NC 28263-3241**

- Please charge my: Visa MasterCard AMEX

CC #: _____ Exp. Date _____

CID number on front of card above CC# (AMEX) _____

Last 3 digits from number on back of card (VISA/MC) _____

Print Cardholder Name _____

Cardholder Billing Address _____

Authorized Sig. _____ Date _____

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

CANCELLATION POLICY: Please register me for the NCMGM 2009 Fall Conference. I understand that no refunds will be made for cancellations postmarked or faxed after September 7th, 2009 (7 business days prior to the conference). All cancellations must be received in writing and are subject to a \$50 processing fee.

Signature _____ Date _____

REGISTRATION CONFIRMATION: You will be sent a registration confirmation via email. At that time you will be sent a hotel reservation form to fill out and fax to the hotel. Note: only faxes or mailed-in hotel reservations will be honored for rooms at the NCMGM group rate. There is no charge for self-parking at the hotel. If you do not receive an email confirmation of receipt within one week, please contact the NCMGM office. Questions? Call 800-753-6462 or 704-365-0565