



NJ MGMA
2009 Practice Management Conference
"Recipe for Success"
ATTENDEE REGISTRATION FORM
March 19-20, 2009

How to register: Online Website: www.pmc2009.org www.njmagma.com	Mail: NJMGMA 1 AAA Drive, Suite 102 Trenton, NJ 08691 Fax: 609-581-8244
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Section 1: REGISTRATION INFORMATION

Mr. Ms. Dr.

First Name _____ Last Name _____ Suffix _____

Organization _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax* _____

E-mail Address* _____ *Legible e-mail and/or fax number is required in order for you to receive confirmation.

Guest's Name (if applicable)³ _____

Guest's Address (if different from above) _____

Are there any topics you would like discussed during the roundtable discussions? _____

Are you a member of: (Check all that apply)

NJMGMA MGMA Other State MGMA Chapter (please specify) _____ Is this your first time attending our conference? Yes
 New Jersey Physicians No

Special Dietary Needs (please specify) Kosher Vegetarian

To receive the discounted conference room rate at Bally's of \$85 per night, please call 1-800-345-7253 and ask for reservations. Be sure to mention the conference code NJMGMA 2009. Reservations must be made by 3/13/09.

Section 2: REGISTRATION FEES (Please check the appropriate box.) Register On-Line @ www.pmc2009.org.

	On or before 3/13/09	On or after 3/13/09
Current Member rate ¹	<input type="checkbox"/> \$299.00	<input type="checkbox"/> \$399.00
Additional Registrant from Member org ²	<input type="checkbox"/> \$249.00	<input type="checkbox"/> \$399.00
New member & Conference Reg. ³	<input type="checkbox"/> \$374.00	<input type="checkbox"/> \$474.00
Non-member rate	<input type="checkbox"/> \$499.00	<input type="checkbox"/> \$599.00
Student/Residency rate	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$299.00
Guest rate ⁴	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$299.00

¹If you are a member of NJ MGMA, national MGMA, or are a member of a state chapter of MGMA or New Jersey Physicians you are eligible for the member rate. All others must pay the non-member rate. ²nd or more registrants from member's organization are eligible to receive a discounted rate - completed registration form required for additional attendees.

³Multiple registrants from member organization must mail or fax in completed forms.

⁴New members joining NJMGMA and registering for the conference.

⁵The Guest rate allows access to the cocktail reception, breakfast(s), luncheons and exhibit hall only

How did you hear about this conference?
 Mailing _____ Email/Fax Blast _____ Website _____
 Other _____

Section 3: PAYMENT INFORMATION

Registration forms **WILL NOT** be processed without **FULL PAYMENT** of registration fee.

Enclosed is Check# _____ in the amount of \$ _____ payable to NJMGMA.

Charge \$ _____ to the following credit card: MC VISA AMEX

Card Number _____ Expiration Date _____

Cardholder's Name (Please print) _____ Signature _____

1. Fees are subject to verification based on member status. Additional funds will be charged to your credit card if the registration amount was miscalculated.

2. Your credit card account will automatically be charged the late/on-site fee if your registration form is received on/or after March 1, 2009.

3. By submitting this form, you agree to the terms and conditions stated above

Section 4: CANCELLATION POLICY

Cancellations **MUST** be received in **writing** to qualify for a refund. Fax your request to 609-581-8244 or email to njmagma@hq4u.com in order to qualify. A \$50 administrative fee will be deducted for all approved cancellation requests if received prior to 2/1/09. A 50% refund will be given to any approved requests received between 2/1/09 and 3/14/09. Cancellation requests for refunds will **NOT** be accepted after March 13, 2009. **No-shows are non-refundable.** Questions: Call 609-585-6871 or Email njmagma@hq4u.com