



ANNUAL CONFERENCE REGISTRATION FORM

*Please use separate form for each attendee.

NAME BADGE INFORMATION

Last Name: _____ First Name: _____ Nickname: _____

Credentials: ___ FACMPE ___ CMPE ___ CPC ___ MHA ___ MBA ___ RN _____ OTHER (Check all that apply)

Practice Business Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address for confirmation: _____

Office Phone: _____ Cell Phone: _____

CHECK ALL THAT APPLY

SCMGMA MEMBER (active, affiliate, provider, dues-paying retiree, military)

- ___ Full Conference (Includes ACMPE Preconference) \$295
- ___ Additional staff from same" practice" with one paid active member \$250
- ___ Life Member and non-dues paying Retiree \$100

MGMA MEMBER NOT SCMGMA

- ___ Full Conference (Includes ACMPE Preconference) \$325

NON-MEMBER

- ___ Full Conference (Includes ACMPE **Preconference**) \$375
- ___ Full Time student, resident, intern, or administrative fellow \$100

NEW MEMBERS JOINING NOW (NO RENEWALS) PLUS CONFERENCE

- ___ Active, providers and military plus Conference \$395
- ___ Affiliate Member plus Conference \$570
- ___ Student member plus Conference (not eligible for active membership) \$125

ACMPE PRECONFERENCE ONLY

- ___ Pathway to Certification \$50
- ___ Pathway to Fellowship \$50

GUEST OR SPOUSE ACCOMPANIED BY AN ATTENDEE

(Does not qualify as an active member)

- ___ Full Conference (includes all meals and events) \$150
- ___ Luau Party Only (includes meal, two drink tickets, and entertainment) \$50

TOTAL PAYMENT

PROCEED TO NEXT PAGE FOR PAYMENT INFORMATION

PAYMENT OPTIONS

___ Check Enclosed. Return registration form with a check. Be sure to include a separate registration form for each attendee.

___ Charge my credit card. I authorize SCMGMA to charge my credit card as provided. Return both registration page and payment page.

- ___ VISA
- ___ MASTERCARD
- ___ AMERICAN EXPRESS
- ___ DISCOVER

Credit Card Number: _____

Expiration: __/__/__ CID: _____ (three digit code on the back of Visa, Mastercard, and Discover cards and four digit code on the front of American Express cards)

Name as it appears on credit card PRINTED CLEARLY: _____

Name of card holder: _____

WHERE TO SEND YOUR REGISTRATION FORM:

PAY DIRECTLY ONLINE: www.sc-mgma.org

EMAIL YOUR REGISTRATION FORM: Secure Email site for paper registration form with credit card info to: selenamgma@scmgma.com or scmgmaconfmembership@scmgma.com **DO NOT EMAIL CREDIT CARD INFO TO ANY OTHER SITE.**

USPS MAILING ADDRESS: Cindy Ott, Executive Director, SC MGMA, 1195 St. Matthews Road, PMB 313, Orangeburg SC 29115.

Questions? Call 803-387-7864