



2020 ANNUAL CONFERENCE REGISTRATION FORM

NAME BADGE INFORMATION FOR ATTENDEES FROM SAME PRACTICE

Last Name: _____ First Name: _____ Nickname: _____

Last Name: _____ First Name: _____ Nickname: _____

Last Name: _____ First Name: _____ Nickname: _____

Last Name: _____ First Name: _____ Nickname: _____

Last Name: _____ First Name: _____ Nickname: _____

Practice Business Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address for confirmation: _____

Office Phone: _____ Cell Phone: _____

CHECK ALL THAT APPLY

COST

EACH

TOTAL

SCMGMA and MGMA MEMBERS

_____	Full Conference (Includes all events & Friday Leadership Training)	\$295	_____
_____	Thursday Live Streaming Only (Friday Leadership Training not included)	\$100	_____
_____	Additional staff from same" practice" with one paid active member (Friday Leadership Training only - limit 4)	\$50 X _____	_____
_____	Life Member and non-dues paying Retiree (Full Conference)	\$100	_____

NON-MEMBER

_____	Full Conference	\$310	_____
_____	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	\$470	_____
_____	Student member plus Conference (not eligible for active membership)	\$125	_____

GUEST OR SPOUSE ACCOMPANIED BY AN ATTENDEE

(Does not qualify as an active member)

_____	Full Conference (includes all meals and events)	\$100	_____
_____	Roaring 20's Party Only Extra Tickets	\$50 X _____	_____

TOTAL PAYMENT INCLUDED

***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) _____

Zip Code associated with credit card: _____

Name of Cardholder as it appears on credit card PRINTED CLEARLY: _____

WHERE TO SEND YOUR REGISTRATION FORM:

PAY DIRECTLY ONLINE: www.sc-mgma.org

CONFERENCE SECURE EMAIL SITE: 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.

MAILING ADDRESS:

Cindy Ott, Executive Director

SC MGMA

1195 St. Matthews Road

PMB 313

Orangeburg SC 29115.

Questions? Call 803-387-7864 or email cindyott63@gmail.com