

To Register:

Fill out this registration form and mail or fax with the appropriate fee to:

OMGMA, P.O. Box 14882, Columbus, OH 43214 or fax to 614/442-3150

Last Name

First Name

Degree/Credentials

Title

Practice/Organization

Street

City

State

Zip code

Phone

Fax

E-mail (registration confirmation will be sent to this address or via mail)

Registration Fees

If your registration is postmarked before February 9, 2006, you are eligible for the following discounted rates:

- OMGMA member: \$199**
(10% discount for staff of OMGMA members: \$179)
- Non-members: \$275**
(10% discount for staff of non-members: \$248)
- Students: \$75**

Registration fees postmarked after February 9, 2006:

- OMGMA member: \$249**
(10% discount for staff of OMGMA members: \$244)
- Non-members: \$344**
(10% discount for staff of non-members: \$310)
- Students: \$100**

Total Registration fee enclosed \$ _____

Method of Payment

Payment can be made via check or credit card. Make checks payable to **OMGMA** and mail along with completed registration form to:

OMGMA
P.O. Box 14882
Columbus, OH 43214

Visa MasterCard American Express

Name on Card

Address and Phone Number (if different than above)

Card Number

Expiration Date

Card Holder's Signature

Accreditation and Cancellation

The American College of Medical Practice Executives (ACMPE) designates this program for credit hours commensurate with hours spent in education sessions. Refunds will be made only if a written cancellation notice is received two weeks prior to the conference.