

# Registration (Please type or print clearly)

Only full time employees or principals of a medical group practice may register for this meeting. Independent consultants may register at the non-member rate. **Vendors, suppliers, and all other consultants are not eligible to register, and are encouraged to contact the WSMGMA office for information on exhibit opportunities.**

To register at the member rate you must be a member of the OMGMA or WSMGMA. **Employees of the same medical groups as a practice manager-member may register at the member rate.** If not a member, and no one from your group is an OMGMA or WSMGMA member, then you must register at the non-member rate.

CMPE  FACMPE

Full Name _____		
Title _____	Nickname for Badge _____	Number of full-time equivalent physicians in your practice _____
Medical Group _____	Group Specialty _____	
Address _____		City/State/ZIP _____
Phone _____	Fax _____	Email _____

My food preference is vegetarian

Annual Meeting registration includes tuition, e-syllabus, all general and breakout sessions, opening night reception, exhibit hall access and continental breakfasts, Sunday and Monday lunches, Monday dinner and entertainment, Tuesday breakfast. You must register and pay separately for the Saturday Golf Scramble and Pre-conference Workshops, and the Sunday Dinner with Frank Cohen. Golf Scramble includes green fees, cart and lunch.

	Postmarked <i>before</i> <b>Friday, March 19</b>	Postmarked <i>on or after</i> <b>Friday, March 19</b>	
<b>ANNUAL MEETING: Conference Registration   April 17 – 20</b>			
<input type="checkbox"/> OMGMA or WSMGMA Member	\$375	\$425	_____
<input type="checkbox"/> Employee or Principal of Member Group	\$375	\$425	_____
<input type="checkbox"/> Non-Member	\$475	\$525	_____

**RSVP: Monday Evening Dinner | April 19** *(with entertainment)*

Self:  Yes, I plan to attend.  No (Included) (Included)

**OPTIONAL ACTIVITIES/TICKETS:**

Sunday Evening Dinner | April 18 with Frank Cohen \$ 35 \$ 35 \_\_\_\_\_

**Pre-Conference Workshops | April 17** *(Add \$50 if registering ONLY for a workshop – non conference attendee)*

- ~~Patient Centered Medical Home (Cancelled)~~ ~~\$ 75~~ ~~\$ 95~~ \_\_\_\_\_
- BHR: Workplace Best Practices \$ 75 \$ 95 \_\_\_\_\_
- ACMPE Overview \$ 25 \$ 50 \_\_\_\_\_

**Golf Scramble | April 17**

- Myself: Handicap/Average Score \_\_\_\_\_ \$ 60 \$ 85 \_\_\_\_\_
- Guest: Handicap/Average Score \_\_\_\_\_ \$ 60 \$ 85 \_\_\_\_\_

**Spouse Registration | An individual accompanying an annual conference attendee. Includes name badge and access to Opening Night Reception, exhibits, and continental breakfast, A.M. general sessions, and Monday dinner.**

- Spouse Registration \$175 \$200 \_\_\_\_\_
- Spouse and/or Guest(s) | Monday Dinner Ticket(s) Only # of tickets \_\_\_\_\_ x \$ 65 \_\_\_\_\_

**TOTAL ENCLOSED:** \_\_\_\_\_

**PAYMENT** Mail to: **WSMGMA**, 2033 Sixth Avenue, Suite 1100, Seattle, WA 98121

- Enclosed is my check made payable to: **WSMGMA**
- Credit Card Payment:  Visa  MasterCard  AMEX *Only*. Mail to address above or FAX to 206-441-5863

Credit Card No. _____	Exp Date _____
Print Name _____	Signature _____
Billing Address of Credit Card _____	

**CANCELLATION POLICY:** We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds will be issued after March 19, 2010.

**INQUIRES:** Contact the WSMGMA Office at 206-956-3643, or call toll free, 1-800-552-0612, ext.3026, or send emails to JAL@wsma.org