

# PARTNERS PROGRAM REGISTRATION



## CONTACT INFORMATION

First Name	Last Name	
Company		
Address		
City	State	Zip
Phone	Alternate Phone	
Fax		
Email Address		
Website Address		

## LISTING DESCRIPTION

(In 50 words or less, please provide a brief description of your product or service.)

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## PARTNER CATEGORIES (Choose up to 3)

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|--|---|
| <input type="checkbox"/> Billing/Coding              | <input type="checkbox"/> Information Systems/Software |
| <input type="checkbox"/> Building/Architectural      | <input type="checkbox"/> Insurance                    |
| <input type="checkbox"/> Consulting                  | <input type="checkbox"/> Legal                        |
| <input type="checkbox"/> Collections                 | <input type="checkbox"/> Medical Records              |
| <input type="checkbox"/> Diagnostics                 | <input type="checkbox"/> Medical Supplies             |
| <input type="checkbox"/> Electronic Data Interchange | <input type="checkbox"/> Physical Therapy             |
| <input type="checkbox"/> Financial Services          | <input type="checkbox"/> Transcription Services       |
| <input type="checkbox"/> Human Resources             |   |

## Annual Fee: \$395

Participation in the WSMGMA Partners Program entitles you to a listing in the "Partners Marketplace" of the WSMGMA web site; one free copy of the print membership directory each year; and a free subscription to the WSMGMA *e-Update*.

Your participation in the WSMGMA Partners Program does not constitute or imply a WSMGMA endorsement of your company, company representatives, or goods and services represented by your company.

Participation in the WSMGMA Partners Program *does not* entitle you to membership in the WSMGMA, voting privileges in the association or access to the WSMGMA on-line Membership Directory.

## REMITTANCE

**Credit**

**Check**

Partner Fee Payment Options: Check payable to WSMGMA or by credit card (Visa, Mastercard or American Express) in the amount of \$395.00

### Credit Card Payment Information:

Name \_\_\_\_\_ CC #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Billing Address \_\_\_\_\_ Billing Zip \_\_\_\_\_

### Complete this form and click the submit (for credit card) or print (for check) button:

Registration forms with a credit card payment should be submitted by email. If you are paying by check, mail your payment to: WSMGMA, 2033 6th Ave, Ste 1100, Seattle, WA 98121. If you have questions regarding the WSMGMA Partners Program contact Jan Larsen at 206-956-3643, or send an email to JAL@wsma.org