



HEALTHCARE

UNDER CONSTRUCTION



March 28, 2012

6.0 ACMPE CEUs

Complete this form and fax with credit card information or mail with a check made payable to "GKCMMA" to

GKCMMA Central Office, Conference Registration, P O Box 6966, Lee's Summit, MO 64064-6966.

Or fax to (816) 554-4780 without coversheet. If you have questions concerning your registration, please call (816) 524-6579.

**** Make copies of this form for additional registrants. Please use one form per person. ****

Last Name _____ First Name _____
 Title/Position _____ Degree/ACMPE Designation _____
 Clinic/Organization _____
 Street Address _____ Suite _____
 City _____ State _____ Zip _____
 Phone (____) _____ Email _____
 Fax (____) _____ Website _____

Invite guests: Receive a Meeting Coupon worth \$25 for each attendee you bring: Name required here: _____

Required: Choose the appropriate amount, attend at the cocktail hour, and one option for each breakout session.

- _____ **\$125** - GKCMMA or NMM Member Early Registration Fee, by February 24, 2012
 - _____ **\$150** - GKCMMA or NMM Member Registration Fee, after February 25, 2012
 - _____ **\$110** - Second person or more from a GKCMMA or NMM member practice attend at this reduced rate
 - _____ **\$200** - Nonmember Registration _____ \$50 Student Rate (Faculty is full member rate)
 - _____ **\$225** - JOINING GKCMMA - MANAGER MEMBERS ONLY -- Conference and 2012 GKCMMA New Membership Combo
- ___YES ___NO **I will attend** the free cocktail hour (first drink compliments of GKCMMA)

Breakout Sessions (Required: Choose one for each session)

- AM Breakout 1: _____ Keegan _____ Freeman _____ Sterling
- AM Breakout 2: _____ Keegan _____ Freeman _____ Sterling
- PM Breakout 3: _____ Spears _____ Cook _____ Webster
- PM Breakout 4: _____ Cook _____ Webster _____ Rademaker (Exhibitors Only)

Paying by Credit Card

Fill out the following information completely, sign and date your request, and fax this application to the GKCMMA Central Office at (816) 554-4780 (no coversheet please) or return by mail to the above mentioned address.

CREDIT CARD: _____ MasterCard _____ VISA _____ American Express _____ Discover

Credit Card No: _____
 Expiration Date: _____
 Name on Card: _____
 Billing Address: _____
 City/State/Zip: _____

Signature: _____ Date: _____

Cancellation Policy

Refunds made on cancellations received or postmarked after Friday, February 25, 2012 will be subject to a \$100 cancellation fee. No refunds will be made after Friday, March 11, 2012.

Sheraton OPCC Hotel Reservation Link - Deadline March 6, 2012

A block of 10 rooms has been secured for March 27 at the Sheraton Hotel/OPCC at a reduced rate. Click on link to register.
<http://www.starwoodmeeting.com/StarGroupsWeb/res?id=1111223612&key=17593>

Limited to First 300 Attendees — Register Early, Bring Guests, & SAVE!