



MMGMA Sponsor Registration for Other Opportunities

Dear Future Sponsor:

MMGMA recognizes that other sponsorship opportunities may present themselves throughout the year. We also realize that some organizations are not in a position to agree to one of our sponsor/business partner levels.

With this in mind, MMGMA is offering individual sponsorship opportunities at our winter and summer meeting for those organizations interested.

These items may be reserved in conjunction with any sponsor/business partner level. *Note: If the same item is purchased by multiple organizations, preference will be given to an organization who is also a corporate business partner.*

Sponsor/Business Partner

Please contact the office for specific information, as different opportunities are available per each calendar event. Upon review of the information, the online registration below is available for your ease.

Sponsorship/Business Partnership Level

(indicate amount of donation)

\$ _____

Business Information

*Organization Name: _____

Classification of Service (taken from MGMA Web site):

- | | |
|---|---|
| <input type="checkbox"/> Ancillary Services | <input type="checkbox"/> Management Services |
| <input type="checkbox"/> Architectural/design | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Billing/coding & Financial | <input type="checkbox"/> Medical Transcription Services |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Office/Health Care Furniture |
| <input type="checkbox"/> Electronic Data Interchange | <input type="checkbox"/> Office Systems/Supplies |
| <input type="checkbox"/> Employment/Recruitment | <input type="checkbox"/> Periodicals/Publications |
| <input type="checkbox"/> Executive Education | <input type="checkbox"/> Pharmaceutical Manufacturer |
| <input type="checkbox"/> Financial Management Tools | <input type="checkbox"/> Physician Office Laboratories |
| <input type="checkbox"/> Information Systems/Software | <input type="checkbox"/> Relocation Services |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Web site developers |
| <input type="checkbox"/> Interoffice/Patient Communications | <input type="checkbox"/> Other: _____ |

*Contact Name: _____

*Title: _____

*Organization Address (street, city, county, state, zip)

*Phone: _____

*Fax: _____

*Work e-mail: _____

Online Payment Options

(Visa, MasterCard or American Express):

Name (as it appears on credit card)

Card number

Expiration date:

(Example: Month/Year, 02/04)

Disclaimer

Registration is effective once complete dues payment is received and processed by MMGMA. In consideration of MMGMA accepting this application, I agree that all information provided in this application is complete and correct to the best of my knowledge. I waive and release all claims, demands and actions that I now or may in the future have against MMGMA, its officers, directors, members, agents and employees for any act or omission in granting or denying membership in MMGMA or in censoring, suspending, expelling or terminating my membership in MMGMA.