

REGISTRATION FORM

JOPLIN-METRO MGMA MEDICARE & MEDICAID SYMPOSIUM

NOVEMBER 17TH, 2016

How to Register

By Mail: Joplin Metro-MGMA PO Box 3192, Joplin, MO 64803

By Fax: 866-575-1217

Name: _____

Job Title: _____

Place of Employment: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Email Address: _____

Payment

___ \$10.00 Joplin Metro Member (per person)

___ \$20.00 Non Members (per person)

Check ___ Check# _____

Cash ___

Please make checks payable to Joplin Metro MGMA

