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## IMGMA 2020 VIRTUAL Revenue Cycle Conference

### **Intended Audience**

Practice managers, business office managers, administrators, front office, billing, insurance and coding staff.

### **Credit Hours**

ACMPE—7 hours

HFMA —7 CPE

AAPC— 5 CEUs

### **Registration Fees**

#### **IMGMA & HFMA MEMBERS**

\$119 - first person

\$79 - each additional person from the same practice.

#### **Non-Member (*Fee includes membership in IMGMA—\$125 value*)**

\$179—first person

\$129 - each additional person from same practice.

**You can register and pay on-line at [www.imgma.net](http://www.imgma.net).**



REGISTRATION FORM

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**There will be no refunds for cancellations made less than four days before meeting. Substitutions are permitted**

**MEMBER TYPE:**

\_\_\_\_ IMGMA    \_\_\_\_ HFMA    \_\_\_\_\_ Non Member

**Complete a separate form for each person registering. Please keep copy of this form for your records.**

**You can register and pay on-line at [www.imgma.net](http://www.imgma.net).**

Check Enclosed (payable to IMGMA) - \$\_\_\_\_\_

Credit Card—\$\_\_\_\_\_

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CVV \_\_\_\_\_

Name on card \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**Send registration and payment to:**

IMGMA

6604 Royal Oakland Pl

Indpls, IN 46236

FAX: 317-872-1140

Email: [indianamgma@gmail.com](mailto:indianamgma@gmail.com)