

**SOUTH DAKOTA MEDICAL GROUP MANAGEMENT ASSOCIATION
THIRD PARTY PAYER AND TPA DAY**

**HOLIDAY INN CITY CENTRE
100 W. 8TH STREET, SIOUX FALLS, SD**

TUESDAY, SEPTEMBER 12, 2017

REGISTRATION FORM

NAME: _____
JOB TITLE: _____
CLINIC: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____
EMAIL: _____

_____ I will be attending the Third Party Payer Day on Tuesday, September 12, 2017.
Enclosed is \$75 to cover my registration fee.

_____ # of additional people from your organization that will be attending.
Enclosed is \$50 for each additional person.

Name: _____ E-mail: _____
Name: _____ E-mail: _____
Name: _____ E-mail: _____

A block of rooms at the Holiday Inn City Centre in downtown Sioux Falls have been reserved at the rate of \$99.00 (single/double occupancy) plus taxes for the evening of September 11. Please call 605.339.2000 to make your room reservation and you will need to specify that you are in the SD Medical Group Management Association block of rooms. Deadline for the block of rooms is August 12, 2017.

Mail registration with fee to (please note change in mailing address): SDMGMA; 2600 W. 49th Street; Sioux Falls, SD 57105

Or fax to: 605.274.3274

REGISTRATION DEADLINE: September 1, 2017

Contact person: Terry Marks - tmarks@sdsma.org Phone: 605.336.1965

Please list any specific areas you want the payers to address or questions you would like to have answered on the form provided on the second page. This information will be shared with the payers to help them structure their presentations.

CANCELLATIONS: All cancellations must be submitted in writing to the SDMGMA and postmarked by September 5, 2017, to receive a refund. No partial or full refund or credit will be given for any reason after this deadline. Cancellation by telephone is NOT valid. Fax written cancellations to 605.274.3274 or e-mail to tmarks@sdsma.org. After September 5, there will be NO REFUND or CREDITS for programs or other activities.



All registrants who submit a question(s) will be entered into a drawing for a \$25 cash prize to be awarded the day of the event.

Name for prize drawing:

Please mail this form with your registration; it can be emailed to tmarks@sdsma.org; or faxed to the attention of Terry Marks at 605.274.3274.