

Certified Medical Office Manager Class

Friday, Sept. 10 & Saturday, Sept. 11 and Friday, Sept. 17 & Saturday, Sept. 18

Time: 9:00 a.m. to 4:00 p.m.

Place: Charleston, WV 25301

(Participants must attend all 4 days.)

Participant Information

Registrant #1: _____ E-mail: _____

Registrant #2: _____ E-mail: _____

Registrant #3: _____ E-mail: _____

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Program Fee/Discount Policies:

Registration Fee: \$799 WVSMA members: \$699 *(Includes instructional materials and exam fee.)*

Payment Method:

American Express

MasterCard

Visa

Check Enclosed

Payable to:

West Virginia State Medical Association

Card No: _____ Expiration Date: _____ V Code: _____
(Three digit number on the back of your credit card.)

Name As It Appears On Card: _____

Signature: _____

Registration Methods:

Mail registration form to: Karie Sharp • West Virginia State Medical Association • PO Box 4106, Charleston, WV 25364

Fax registration form to: Karie Sharp • (304) 925-0345 **Charge by phone:** Karie Sharp • (304) 925-0342, ext. 12

E-mail: karie@wvsma.com

Cancellation Policy: A full refund less \$20.00 processing fee, if cancellation is received 7 + days prior to program start date. A 50% refund if cancellation is 6 days to 48 hours prior to start date. No refund if cancellation is less than 48 hours in advance. Upon registration, custom materials are printed, refreshments are ordered and seating is reserved. Due to this, PMI strictly adheres to this policy.

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