

CMGMA VENDOR FORM

Business Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Contact First Name: _____ Last Name: _____ Title: _____

Phone: _____ Ext# _____ Cell: _____ FAX: _____

E-Mail Address: _____

Website Address: <http://www>. _____

Business Description, Products & Services Offered (50 words or less):

Categories Which Your Business Should Be Listed (maximum 3):

- Billing, Coding, & Collection
- Business Insurance
- Computers: Software, Networks, Internet, Scanners
- Consulting: Practice Mgmt., Compliance, Security, Risk Mgmt, Legal Services
- Finance, Banking, Accounting, Payroll
- Human Resources, Benefits, Staffing
- Medical & Lab Equip. & Supplies
- Office Products, Supplies & Equipment
- Pharmaceuticals
- Telecom Equipment & Services
- Travel, Catering, Entertainment
- Uniforms & Laundry

CMGMA GENERAL MEMBER References

1. First Name: _____ Last Name: _____

Title: _____

Practice Name: _____

Phone: _____ Ext# _____

E-Mail Address: _____

Referring Member must send a confirming email to CMGMA at info@cmgma.org

2. First Name: _____ Last Name: _____

Title: _____

Practice Name: _____

Phone: _____ Ext# _____

E-Mail Address: _____

Referring Member must send a confirming email to CMGMA at info@cmgma.org

3. First Name: _____ Last Name: _____

Title: _____

Practice Name: _____

Phone: _____ Ext# _____

E-Mail Address: _____

Referring Member must send a confirming email to CMGMA at info@cmgma.org

Payment Information:

Vendor Directory: \$300/year Non Member \$100/year Member

By Check or Money Order

Please make checks payable to CMGMA
One Regency Drive
P.O. Box 30
Bloomfield, CT 06002

By Credit Card

Please fax registration to: (860)-286-0787

Card Type: Master Card Visa American Express

Card Number: _____

Expiration Date: _____

Name on Card: _____