

GEORGIA ASSOCIATION MEDICAL STAFF SERVICES

EDUCATION SESSION

INTRODUCTION TO CREDENTIALING

February 10, 2012

Registration Form

Name: _____

Certifications / Designations: _____

Title: _____

Facility: _____

Facility Type: Hospital MCO Group Practice CVO Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

GAMSS Members - \$10.00 Materials Fee

Non-GAMSS Members - \$60.00
*\$50.00 GAMSS Membership Fee
*\$10.00 Material Fee

YOU MUST PRE-REGISTER and PRE-PAY ALL FEES FOR ENTRY INTO THIS SESSION

Visit our website: www.gamss.org

Please make checks payable to "GAMSS"
Send the completed registration form and payment to:

**P.O. Box 674314
Marietta, GA 30006**

**** Please register by February 1, 2012 ****