



## Wyoming MGMA Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company City: \_\_\_\_\_

Fill out this form, include a check make out to  
'Wyoming MGMA' for \$99.00, and mail it to:

**WY MGMA**  
**Wyoming MGMA**  
**PO Box 4344**  
**Cheyenne, WY 82003**