Certified Medical Office Manager Class

Thursday, February 16 & Friday, February 17 and Thursday, February 23 & Friday, February 24, 2017

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

Place: West Virginia State Medical Association 4307 MacCorkle Ave., SE, Charleston, WV 25304 (Participants must attend all 4 days.)

Participant Informa		E-mail:					
Physician Name:							
Street Address:							
City:							
Phone:		Fax	:				
Program Fee/Disco Registration Fee: \$999		bers & PMI Ce	ertified Professiona	ls: \$899 (In	cludes instruc	ctional materials ar	nd exam fee.)
Payment Method:							
☐ American Express	☐ MasterCard	☐ Visa	☐ Discover	☐ Chec	k Enclosed	West Virginia State M	Payable to: edical Association
AMOUNT PAID \$							
Card No:							
Name As It Appears On Card:						igit number on the back	
Signature:							

Registration Methods:

Mail registration form to: Karie Boggs • West Virginia State Medical Association • 4307 MacCorkle Ave., SE, Charleston, WV 25304

Fax registration form to: Karie Sharp • (304) 925-0345

For security purposes, we can no longer take registrations by phone.

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