

Meeting Registration

www.tnmed.org/medtenn

Personal

First: _____ Middle: _____ Last: _____ MD DO

Complete Address: _____ Home Office

Email Address: _____

Office Phone: _____ Home Phone: _____

Guest Name: _____ Spouse Child Guest

Guest Name: _____ Spouse Child Guest

Events

Registration Fee **\$100.00**

Fee includes the following functions. Please check all you plan to attend.

Friday, April 13

- SmartSearch: Organizing Your Digital World (2-3p)
- Control Your Financial Future: Estate Planning (2-3p)
- CME: Prescription Safety Program (3-4p)
- ICD-10: Coding & Documentation for Physicians (3-5p)
- Preventing Embezzlement in YOUR Workplace (4-5p)
- Leveraging Patient Surveys to Improve Patient Care, Team Performance and Your Financials (4-5p)
- VSP Technology Expo & Reception (5-7p)
- Women in Medicine Reception (6-7p)

Special dietary needs (circle):
Kosher Diabetic Vegetarian

Saturday, April 14

- Keynote Breakfast: The "Supreme" Fallout: What Happens to ACA This Summer? (7-9a)
- Health IT: How Healthy is Your Network? (9-10a)
- Leveraging Patient Surveys to Improve Patient Care, Team Performance and Your Financials (9-10a)
- ICD-10: Coding & Documentation for Physicians (10a-12p)
- Tilting the Table in Payer Negotiations (10-11a)
- Incentivizing You to Improve Quality: Quality Improvement Measures, Initiatives and Incentives for Physician Practices (11a-12p)
- CME: Prescription Safety Program (11a-12p)
- Awards Luncheon (12-1:30p)
- President's Forum: TN Physicians' Response to Prescription Abuse (1:45-3:15p)
- House of Delegates (3:30-5p) HOD Materials: USB Flash Drive 3-Ring Notebook
- President's Inauguration & Reception (6-7:30p)

Sunday, April 15

- Partners' Breakfast (7-8a)
- House of Delegates (9a-12p)

**Ticket refunds will not be made if cancellation notice is received after 5:00 p.m. CDT on April 6, 2012.*

- Extra Ticket for Awards Luncheon* \$40.00
- Extra Ticket for Presidents' Reception* \$30.00 Total \$ _____

Payment

Credit Card Master Card Visa AMEX Discover

Card Number: _____ - _____ - _____ - _____ Security Code: _____ Expiration Date: _____

Statement Address: _____

Name on the Card: _____ Signature: _____

Check Please make payable to the TMA

Deadline: April 6, 2012 ■ Mail: TMA/MedTenn, P.O. Box 120909, Nashville, TN 37212-0909 ■ Fax: 615-312-1957