

## On-Demand Medicare University 2009 Virtual Convention

# Mail-In Registration Form

**Print this registration form and mail with check/money order.**

This form must be completed and received at the National Government Services office with full payment in order to be registered for the on-demand Medicare University 2009 Virtual Convention which is held from November 23–March 31, 2010. Each attendee will receive a separate e-mail confirming his/her registration. That e-mail will also contain the Web link and additional instructions needed to participate in the on-demand Medicare University 2009 Virtual Convention.

If you are registering more than six attendees, please attach an additional page listing the names and e-mail addresses for each participant. You may include one total check to cover all attendees. The cost is **\$150 per attendee**. Please mail completed form with check/money order made payable to National Government Services, Inc. to the following address:

National Government Services, Inc.  
Accounts Payable  
Attention: Medicare University 2009 Virtual Convention  
P.O. Box 7191  
Indianapolis, Indiana 46207-7191

Provider/Group/Supplier Name \_\_\_\_\_

PTAN/NPI # \_\_\_\_\_

Contractor Type (Circle One)   Part A   Part B   DME   HHH   FQHC   Other

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Phone \_\_\_\_\_

Attendee Name \_\_\_\_\_ E-mail \_\_\_\_\_

Attendee Name \_\_\_\_\_ E-mail \_\_\_\_\_

Attendee Name \_\_\_\_\_ E-mail \_\_\_\_\_

Attendee Name \_\_\_\_\_ E-mail \_\_\_\_\_

Attendee Name \_\_\_\_\_ E-mail \_\_\_\_\_

Attendee Name \_\_\_\_\_ E-mail \_\_\_\_\_

Please direct any registration or payment concerns to: [Part.A.Provider.Training@anthem.com](mailto:Part.A.Provider.Training@anthem.com)