



Register your company and become part of the CMGMA Website Vendor Directory. Our members utilize this page when they are interested in purchasing new goods and services for their office.

VENDOR DIRECTORY ENROLLMENT FORM

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

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

City/State/Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Website Address: <http://www>. \_\_\_\_\_

*Check here if all information on present ad remains the same.*

Business description, products and services offered (50 words or less): Email to [info@cmgma.org](mailto:info@cmgma.org) or print in the space provided below.

Continue to next page to select business categories and provide payment information.

Categories which your business should be listed (maximum 3):

- Billing, Coding and Collection
- Business Insurance
- Computers: Software, Networks, Internet, Scanners
- Consulting: Practice Management, Compliance, Security, Risk Management, Legal Services
- Finance, Banking, Accounting, Payroll
- Human Resources, Benefits, Staffing
- Medical/Lab Equipment and Supplies
- Computers: Software, Networks, Internet, Scanners
- Consulting: Practice Management, Compliance, Security, Risk Management, Legal Services
- Office Products, Supplies and Equipment
- Pharmaceuticals
- Telcom Equipment and Services
- Travel, Catering, Entertainment
- Uniforms and Laundry
- Other: \_\_\_\_\_

**PAYMENT INFORMATION**

Vendor Directory:             \$100/year Member                             \$300/year Non Member

Make checks payable to CMGMA, One Regency Drive, P.O. Box 30, Bloomfield, CT 06002

Credit card: please fax registration to: (860) 286-0787

Card Type:     Mastercard             Visa             American Express

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_