



PRE REGISTRATION FORM

WELCOMING **ALL** MEDICAL ASSISTANTS TO THE SEPT. 13, 2014
EDUCATIONAL SESSION



“GOOD MORNING CEU’S”
SESSION III OF OUR SUMMER SERIES

We request that you fill out form and email to: SEC@fsmaonline.org

South East Chapter is presenting this educational session at no cost to registered attendees. We need a pre-registration form so that we can assure seating as space is limited and to plan for refreshments. We will have certificates of completion for you so please print your name and credential clearly

DEADLINE FOR REGISTRATION IS SEPT. 3, 2014

3.5 CEUs

Name: _____

List your Credential: _____ Are you an MA Student Y N N/A: _____

Email address: _____ Zip Code: _____

You pay Membership Dues to: AAMA _____ AMT _____ AAPC _____

Other _____ I do not belong to a society _____

How did you hear about this session:

FSMA _____ SEast Chapter _____ Employer _____ PB Hospice _____ Friend _____

If other please give name _____

Certificates of attendance for 3.5 CEUs will be awarded to all attendees in order to apply to your respective organizations for credits. We advise that it is your responsibility to confirm the 3.5 AAMA CEUs are applicable to continuing education for your credential. CMA(AAMA)s will be asked to fill out attendance form and turn in at conclusion of session in order for us to send to AAMA for recertification credits. Looking forward to seeing you!

Your Colleagues in Healthcare

Email your completed form to: SEC@fsmaonline.org