

Wherever you are in managed care, we have a home for you.

NAMCP: National Association of Managed Care Physicians

A nonprofit association for medical directors, physicians and other healthcare professionals that educates its membership about all aspects of managed healthcare. (<http://www.namcp.com>)

ACMCM: American College of Managed Care Medicine

A nonprofit association for physicians and non-physicians that features a standardized curriculum which prepares members for board certification in managed care medicine. (<http://www.acmcm.org>)

- Yes! I'd like to join both NAMCP and ACMCM for the special reduced price of \$195!*
- I'm interested in NAMCP. Please send me more information.*
- I'm interested in ACMCM. Please send me more information.*

AAIHDS: American Association of Integrated Healthcare Delivery Systems

A nonprofit association dedicated to the advancement of PSOs, PSNs, PHOs, MSOs, IPAs and other forms of emerging Integrated Delivery Systems. (<http://www.aaihds.org>)

- Yes! I want to join AAIHDS now for \$275!*
- Yes! I'd like to sign up for the special group membership plan: 6 memberships for \$750!*
- I'm interested in AAIHDS. Please send me more information.*

AAMCN: American Association of Managed Care Nurses

A nonprofit association dedicated to helping nurses become successful in their local marketplace through leading-edge member services, education and communication. (<http://www.aamcn.org>)

- Yes! I'd like to join AAMCN now for \$65!*
- I'm interested in AAMCN. Please send me more information.*

WIMC: Women in Managed Care

A nonprofit association designed to provide an educational and networking forum for women working in managed care. (<http://www.wimc.org>)

- Yes! I'd like to join WIMC now for \$60!*
- I'm interested in WIMC. Please send me more information.*

Name: _____ Company: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Specialty: _____ Title: _____
Fax: _____ E-mail: _____

CpGA1a-VVV-1099

- Pay \$ _____ by check. Check number: _____
- Pay \$ _____ by credit card. Circle one: *MasterCard* *Visa* *American Express*
Card number: _____ Exp. date: _____
Cardholder's name: _____
Cardholder's signature: _____

Please fax this form to 804-747-5316, call us at 804-527-1905,
or mail us at 4435 Waterfront Drive, Suite 101, Glen Allen, VA 23060.