

**Meet face-to-face with commercial payers & have your questions answered.**

### Agenda

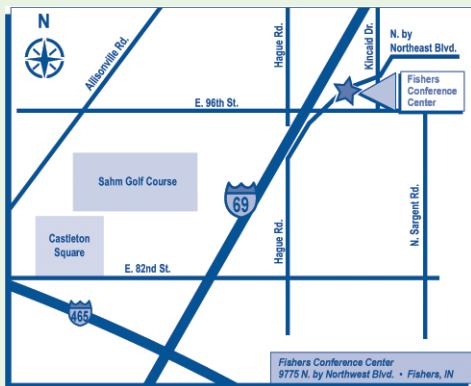
8 - 8:45 am	Indiana Health Network
8:45 - 9:30 am	Advantage
9:30 - 9:45 am	Vendor Visits
9:45 - 10:30 am	Cigna/Sagamore
10:30 - 10:45 am	Vendor Visits
10:45 - 11:30 am	United Health
11:30 am - 12:45 pm	Athena/Lunch/ Vendor Visits
12:45 - 1:30 pm	Aetna
1:30 - 1:45 pm	Vendor Visits
1:45 - 2:30 pm	Anthem
2:30 - 3 pm	Dessert/ Vendor Visits
3 - 3:45 pm	Humana
3:45 - 4:30 pm	Door prizes <i>(must be present to win)</i>

**Please visit our vendor fair during meal times and breaks.**

### Directions

Fishers is northeast of Indianapolis. Fishers Conference Center is east of I-69, just north of 96th St. From 96th St., turn north on North by Northeast Blvd.

The center is on the right. Visit [www.fishersconferencecenter.com](http://www.fishersconferencecenter.com) or call 317-845-5573 for more detailed directions.



### Questions? Contact Jeri:

317-261-2060 or 800-257-4762  
[jbiedenkopf@ismanet.org](mailto:jbiedenkopf@ismanet.org)

### Or visit

[www.ismanet.org](http://www.ismanet.org)



**Friday, June 13 ■ 8 am - 4:30 pm**

Fishers Conference Center  
 9775 North by Northeast Blvd. ■ Fishers, IN  
 ISMA Members or Employees \$69 ■ Nonmembers \$99  
*(price includes continental breakfast, lunch and snack)*



### Five ways to register:

1. ONLINE registration at [www.ismanet.org/signup.aspx](http://www.ismanet.org/signup.aspx).
2. MAIL completed registration form and payment to: ISMA, Attn: Seminars, P.O. Box 803, Indianapolis, IN 46206. When registering by mail, please pre-register by phone first. Allow 10 business days for registration and payment to reach us.
3. CALL Liz at 800-257-4762 and have your credit card information ready.
4. FAX completed form with credit card information to Liz at 317-261-2076.
5. E-MAIL Liz at [ecollison@ismanet.org](mailto:ecollison@ismanet.org).

### Yes, I will attend the 2008 ISMA Commercial Payer Forum

Name of Practice \_\_\_\_\_  
 Name \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### Additional Attendees

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

Are you an ISMA member?  yes  no  
 Are you employed by an ISMA member?  yes  no

Member's name \_\_\_\_\_

Amount Due (\$69 members or member employees / \$99 nonmembers) \_\_\_\_\_

I will be paying by  Check (payable to ISMA)  VISA  MasterCard  
 Account # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Cardholder name \_\_\_\_\_  
 Cardholder billing address \_\_\_\_\_  
 Signature \_\_\_\_\_

**RSVP by June 6, 2008**