

# Payment Form WPS Medicare Part B

Basic Principles of Medicare  
Baymont Inn & Suites Airport Conference Center  
6221 AW Army Post Rd  
Des Moines, IA 50321  
7/30/2008

Registration: 8:30 – 9:00 AM  
Seminar: 9:00 AM – 4:00 PM

Complete this form and return with payment to:  
WPS – Medicare  
Attn: Provider Outreach and Education  
P.O. Box 7758  
Madison, WI 53707

**Provider Name:** \_\_\_\_\_  
**Provider Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_

<b>Attendee 1:</b>	<b>Attendee 2:</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Title:</b> _____	<b>Title:</b> _____
<b>E-Mail:</b> _____	<b>E-Mail:</b> _____

**Attendee 3:**  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**Make Checks Payable to WPS-Medicare**  
**Total Amount Enclosed (#X \$40.00)**  
**Check Number** \_\_\_\_\_

#### **CANCELLATION/REFUND POLICY**

Due to contractual arrangements with the meeting facility, all cancellations must be received in our office no later than twenty-one (21) days prior to the scheduled event. No refunds will be issued for cancellations received after this date.