



# Practice Management Roundtable: Effectively Negotiating Vendor Contracts

**Date:** Wednesday, November 28, 2018  
**Time:** 8:30 am—10:30 am  
**Place:** Monroe County Medical Society  
The Park at Allens Creek  
132 Allens Creek Road  
Rochester, NY 14618

With the ever-increasing costs to maintain a medical practice, come share your success stories for reviewing and negotiating contracts for your practice.

Join the MCMS Practice Management Committee to talk about:

- how to negotiate for office supplies — vaccines, drugs, waste management, merchant services, and more!
- Are there any advantages to using a buying group?
- MCMS Member Benefits

Questions? Call us at (585) 473-7573

This program is  
**FREE** for  
MCMS & 7th District  
Members & Staff

**\$50.00** for  
Non-Members

## Practice Management Roundtable — November 28, 2018

Online registration is available at [www.mcms.org](http://www.mcms.org)

Name(s): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*MCMS may photograph this event for marketing purposes. Unless this permission is revoked in writing to MCMS, by virtue of their attendance, all program participants agree to the use of the event photo in MCMS marketing.*

**Registration Fees:** MCMS and 7th District Members: Free Non-members: \$50 per office

*\*Note to Nonmembers: If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.*

Payment of \$\_\_\_\_\_ is enclosed. (Check payable to "MCMS")  Please email a receipt.

Please bill my credit card in the amount of \$\_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Address associated with card: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Send completed form and payment to:

Monroe County Medical Society, 132 Allens Creek Rd., Rochester, NY 14618

Fax: (585) 473-7641

Email: [rking@mcms.org](mailto:rking@mcms.org)

**MCMS Cancellation Policy:** Cancellation requests must be sent via e-mail to Ronaele King at [rking@mcms.org](mailto:rking@mcms.org) with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit voucher will be issued for the full amount paid that may be used by anyone in the practice within one year of the original event date. Questions? Contact Ronaele King at [rking@mcms.org](mailto:rking@mcms.org) or at 585-473-7573.