2016 MOGO Webinar Order Form



\$125 Per Office, Per Webinar

Office Name:	
Doctor Name:	2016 WEBINAR AGENDA
Address:	
City:	*Webinars will not exceed 90 Minutes
State: Zip Code:	PLEASE CHECK MARK THE WEBINARS
Office Telephone:	YOU ARE REGISTERING FOR (RED BOX)
*EMAIL ADDRESS:	July 8 th 11am CST
*A Webinar Invitation and Instructions will be emailed to you.	Overview:
Webinars will be hosted via GoToMeeting.com, you will need	eSignature *eReminders
internet connection and access to a telephone for audio*	EMR
Names of Attendees:	
Attendee 1:	August 19 th 11am CST
Attendee 2:	OCS*Email*Fax*Messaging
Attendee 3:	Cos Iman rax messaging
Attendee 4:	
Attendee 5:	_
Attendee 6:	September 16 th 11am CST
	Transaction Screen
Payment Amount: (\$125 per Webinar OR \$450 for	
All 5 Webinars)	
Circle Type of Credit Card: AMEX MC or VISA	October 14th 11am CST
#:	eReminders
Expires: V Code:	□ Navambar 114b 11am CCT
Signature: Lauthorize MOGO, Inc. to proceed the above order with the payment method indicated above for the	November 11th 11am CST
l authorize MOGO, Inc. to process the above order with the payment method indicated above for the balance in full or have enclosed a check. I further understand that orders processed for software,	Electronic Medical Records
upgrades, software updates, conversions, training and payments for support are non-refundable. Payment must be received in full before orders for products and/or services are processed.	☐ I WOULD LIKE TO REGISTER FOR
	ALL 5 WEBINARS FOR A
You can mail, email or fax your registration form to: MAIL: MOGO Inc., 414 Plaza Drive, Suite 200, Westmont IL 60559	DISCOUNTED PRICE OF \$450*
FAX : (630) 630-323-6240	*Take advantage of our EMR templates,
EMAIL: mary@mogo.com	discounted! Regular price is \$750, with all
	Webinars you can purchase for \$500*