THE NATIONAL
APMA ANNUAL SCIENTIFIC MEETING
NASHVILLE • JULY 27–30, 2017

PODIATRIC PHYSICIAN REGISTRATION FORM

About Your Information: All correspondence concerning The National originating from APMA or supplier vendors who purchase our registrant mailing list will be sent to the address provided below.

Your Information

APMA Member Number | Last Name | Formal First Name | Nickname (or First Name) for Badge

Address

City/State/Zip Code or Province/Country/Postal Code

Daytime Telephone | Fax Number | Email Address

NPI Number *(Note: Physicians' NPI numbers are publicly available. APMA collects this information so that it can be used as needed, e.g., to satisfy Open Payment reporting requirements.)*

Your Guest's Information (If you have additional guests, please attach a separate sheet.)

Last Name | Formal First Name | Nickname (or First Name) for Badge

Additional Information

☐ Per the Americans With Disabilities Act of 1990, check here if you have a disability and may require accommodations to participate fully. *Please describe:*

Educational Program and Special Sessions

Check all of the sessions you will attend; all programs on this page are included free of charge with the registration fee. *(See reverse for workshops.)*

THURSDAY ★ JULY 27, 2017	
General Lectures	☐ a.m. ☐ p.m.
6:30–8:00 a.m.	☐ Breakfast Symposium
11:45 a.m.–12:45 p.m.	☐ Non-CECH Lunch Symposium 1* (NOVADAQ)
	☐ Non-CECH Lunch Symposium 2* (Organogenesis Inc.)

FRIDAY ★ JULY 28, 2017	
General Lectures	☐ a.m.
Participating Organizations Track	☐ p.m.
7:00–8:30 a.m.	☐ Breakfast Symposium
11:45 a.m.–12:45 p.m.	☐ Non-CECH Lunch Symposium 1* (Valeant Pharmaceuticals North America LLC)
	☐ Non-CECH Lunch Symposium 2* (Osiris Therapeutics, Inc.)

SATURDAY ★ JULY 29, 2017	
General Lectures	☐ a.m. ☐ p.m.
7:30–8:30 a.m.	☐ Breakfast with Exhibitors in the Exhibit Hall
11:00 a.m.–12:00 p.m	☐ Students' and Residents' Program
12:00–1:00 p.m.	☐ Non-CECH Lunch Symposium 1* (MTF Wound Care)
	☐ Non-CECH Lunch Symposium 2* (Horizon Pharma, Inc.)
1:00–2:00 p.m.	☐ Poster Abstracts Symposium
6:00–7:30 p.m.	☐ Podiatry School Student Quiz Bowl

SUNDAY ★ JULY 30, 2017	
General Lectures	☐ a.m. ☐ p.m.
7:00–8:30 a.m.	☐ Breakfast Symposium

**Non-CECH Lunch Symposia are ticketed events limited to 100 participants each. Symposium titles are available at* www.apma.org/2017LunchSymposia.

As of 2/9/2017
WEB

Annual Meeting Registration Fees

(Circle appropriate amount)	Jan 1–March 3	March 4–June 9	After June 9
APMA Member	$399	$499	$599
APMA Life Member	$199	$299	$299
Non-APMA Member	$799	$799	$799
Health Professional	$799	$799	$799
APMA Student/ Resident/Fellow Member	Complimentary		
APMA Member Young Physician	$299	$299	$299
APMA Member Residency Director	$299	$299	$299
APMA Member Federal Services or Active Duty Military *This rate is available only to members of the Federal Services component society.*	$299	$299	$299

Hands-On Workshops

(Circle appropriate amounts)

☐ **Workshop 1: Ultrasound** Friday, July 28, 2017 1:30–5:30 p.m. *APMA has designated an unrestricted educational grant from Universal Imaging, Inc., to support this workshop.* Limited to 25 attendees	$200	$200	$200
☐ **Workshop 2: Offloading** Friday, July 28, 2017 1:30–5:30 p.m. *APMA has designated an unrestricted educational grant from BSN medical to support this workshop.* Limited to 20 attendees	$100	$100	$100
☐ **Workshop 3: Introduction to Ankle Arthroscopy** Saturday, July 29, 2017 7:00–9:30 a.m. *APMA has designated an unrestricted educational grant from Smith & Nephew to support this workshop.* Limited to 16 attendees	$250	$250	$250
☐ **Workshop 4: Advanced Ankle Arthroscopy** Saturday, July 29, 2017 10:30 a.m.–1:00 p.m. *APMA has designated an unrestricted educational grant from Smith & Nephew to support this workshop.* Limited to 16 attendees	$250	$250	$250

Total Fees $ _____

Additional Event

☐ ***Podiatry Management* Hall of Fame Luncheon**
Saturday, July 29, 12:00–1:00 p.m.
Number of tickets: _____ at $75 each
Table: _____ at $750 for 10 seats

Total Fees $ _____

Payment

Total Registration Amount $ _____

Payment type (check one):
Registration will not be processed unless accompanied by full payment.

☐ Check enclosed in US dollars (payable to APMA, Inc.)
☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Credit Card Number (please print clearly) Expiration Date

Name on Card (please print clearly)

Authorized Signature Date

Day Phone of Cardholder

Please Note:

- Educational topics are subject to change as the program schedule develops.
- All registration fees must be paid in advance.
- Payment must be received with your registration form. Registrations without complete payment will not be processed.
- Registration for The National includes educational sessions (unless otherwise noted), exhibit hall entry, and refreshment breaks.
- A confirmation of registration will be sent to you by fax, mail, or email.
- Written requests for registration refunds must be postmarked on or before July 9, 2017. Registration fees are refunded less a $50 processing fee. All refunds will be issued after the meeting has occurred.
- No refunds will be made after July 9, 2017. Refunds are not granted to no-shows.

Mail, email, or fax your completed registration to:
American Podiatric Medical Association,
Annual Meeting Office
9312 Old Georgetown Road, Bethesda, MD 20814-1621
Fax: 301-530-2752
Email: membership_ask_apma@apma.org

THE NATIONAL
APMA ANNUAL SCIENTIFIC MEETING
NASHVILLE • JULY 27-30, 2017

PODIATRIC MEDICAL ASSISTANT REGISTRATION FORM

About Your Information: All correspondence concerning The National originating from APMA or supplier vendors who purchase our registrant mailing list will be sent to the address provided below.

Your Information

Name | First Name for Badge | ASPMA Member? ☐ Yes ☐ No | PMAC? ☐ Yes ☐ No

Name | First Name for Badge | ASPMA Member? ☐ Yes ☐ No | PMAC? ☐ Yes ☐ No

Name | First Name for Badge | ASPMA Member? ☐ Yes ☐ No | PMAC? ☐ Yes ☐ No

DPM Employer | APMA Member? ☐ Yes ☐ No

Address | City/State/Zip Code

Office Phone | Fax | Email Address

Additional Information

☐ Per the Americans With Disabilities Act of 1990, check here if you have a disability and may require accommodations to participate fully. *Please describe:*

Annual Scientific Meeting Registration Fee

(Circle appropriate amount)	**Until 3/3/17**	**After 3/3/17**
☐ Each Assistant	$99	$199

Number of assistants registered _____

Total $ _____

(Note: Assistants' examination fees must be paid separately and may not be included in this total.)

Please note:

- Educational topics are subject to change as the program schedule develops.
- All registration fees must be paid in advance.
- Full payment must be received with your registration form, or the total must be recorded as part of the sponsoring DPM's registration. Registrations without complete payment will not be processed.
- Registration for The National includes educational sessions (unless otherwise noted), exhibit hall entry, and refreshment breaks. Note: There is a separate fee for the examinations and review courses; they are not included in the fee schedule on this page.
- A confirmation of registration will be sent to you by fax, mail, or email within five to 10 business days after receipt.
- Written requests for registration refunds must be postmarked on or before July 9, 2017. Registration fees are refunded less a $50 processing fee. All refunds will be issued after the meeting has occurred.
- No refunds will be made after July 9, 2017. Refunds are not granted to no-shows.

Payment

Total Registration Amount **$** _____

Payment type (check one): *Registration will not be processed unless accompanied by full payment.*

☐ Check enclosed in US dollars (payable to APMA, Inc.)

☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Credit Card Number (please print clearly) | Expiration Date

Name on Card (please print clearly)

Authorized Signature | Date

Day Phone of Cardholder

Mail, email, or fax your completed registration to:
American Podiatric Medical Association,
Annual Meeting Office
9312 Old Georgetown Road, Bethesda, MD 20814-1621
Fax: 301-530-2752
Email: membership_ask_apma@apma.org

The registration on this page is for assistants attending The National only. Please see the reverse side of this form for a separate registration, schedule, and fee for the certification examinations and review courses offered by ASPMA in conjunction with The National.

As of 1/20/2017
WEB

AMERICAN SOCIETY OF PODIATRIC MEDICAL ASSISTANTS (ASPMA)

2017 Comprehensive Review Courses & Certification Examinations

The ASPMA Comprehensive Review Courses

The review courses are given in two categories: clinical and administrative. The examinations will also be given in these two categories. These courses are "closed" courses offered only to ASPMA members who have preregistered to sit for the certification examinations. For more information on becoming a member of ASPMA, visit ***www.aspma.org*** and click on "Membership."

The review courses are on Thursday, July 27, 2017, from 8:00 a.m.–4:00 p.m., and the examinations are on Friday, July 28, 2017, from 8:00 a.m.–12:30 p.m. Examination confirmations will be checked for verification.

To register for the ASPMA Certification Examination

ASPMA members are required to submit the completed registration form to the right and $140 examination fee no later than June 26, 2017. A late fee will be added for those registering after the 30-day deadline. Only ASPMA members are eligible to attend the course and sit for the certification examinations, clinical or administrative. ASPMA membership must be obtained 90 days prior to the date of the exam. **You must also be registered for the Assistants' Program at the APMA 2017 Annual Scientific Meeting (The National) to be eligible to take the examinations.**

Study Manuals

Clinical Examination

The order form for the study manual for the clinical examination, *The Comprehensive Guide to Podiatric Medical Assisting*, can be downloaded from the ASPMA website, ***www.aspma.org***, under "Clinical Exam Study Kit Order Form."

Administrative Examination

The study manual for the administrative examination, *Saunders Medical Office Management, Third Edition,* by Alice Anne Andress, CCS-P CCP, is available on Amazon.com.

Please complete the form below and mail with your check made payable to ASPMA Qualifying and Examining to:

ASPMA
Karen Keathley, PMAC
1616 North 78th Court
Elmwood Park, IL 60707-3548

A $25.00 fee will be charged for all returned checks.

Your Information

ASPMA Member Name

Which Examination You Will Take (Clinical or Administrative)

DPM Employer

Office Address

City/State/Zip Code

Office Phone Mobile Phone

Fax

Email Address

Checklist for Enclosures for Review Courses and Certification Examinations

- ☐ Completed Form
- ☐ $140 Examination Fee
  (if mailed prior to June 26, 2017)
- ☐ $165 Examination Fee
  (includes $25 late fee if mailed after June 26, 2017)
- ☐ Photocopy of ASPMA Membership Card