

PEDORTHIC FOOTCARE ASSOCIATION (PFA) REGISTRATION FORM

About Your Information: All correspondence concerning PFA's Annual Symposium & Exhibition at The National originating from APMA or supplier vendors who purchase our registrant mailing list will be sent to the address provided below.

YOUR INFORMATION

| PFA Member Number | Last Name | Formal First Name | Nickname (or First Name) for Badge |
|----------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Address | | | |
| City/State/Zip Code or Pro | ovince/Country/Postal Code | | |
| Daytime Telephone | Fax Number | E-mail Address | |
| YOUR GUEST'S INFORM | ATION (If you have additional gues | ts, please attach a separate sheet. |) |
| Last Name | Formal First Name | Nickname (or First Na | me) 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:* ______

ANNUAL MEETING REGISTRATION & FEES

| (Circle appropriate amounts) | Until 3/29/15 | After 3/29/15 |
|---|-------------------|----------------------|
| PFA Member | \$595 | \$795 |
| | | |
| PAYMENT | | |
| Total Registration Amount | \$ | |
| Payment type (check one): Registration will not be processed | l unless accompan | ied by full payment. |
| □ Check enclosed in US dolla □ MasterCard □ Visa □ | | |
| Credit Card Number (please pr | int clearly) | Expiration Date |
| Name on Card (please print clea | arly) | |
| 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 e-mail.
- Written requests for registration refunds must be postmarked on or before June 26, 2015. 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 June 26, 2015. Refunds are not granted to no-shows.

Mail, e-mail, 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 E-mail: membership_ask_apma@apma.org