



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 E-mail 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: _____

SCIENTIFIC 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 preconference program and workshops.)

THURSDAY / JULY 23, 2015

General Lectures
 a.m. p.m.

6:30-8:00 a.m. Breakfast Symposium

FRIDAY / JULY 24, 2015

General Lectures
 a.m.

6:30-8:00 a.m. Breakfast Symposium

1:30-5:30 p.m. Young Physicians' Program*

1:30-3:30 p.m. Small Group Panel: Session 1**

Small Group Panel: Session 2**

Small Group Panel: Session 3**

3:30-5:30 p.m. Small Group Panel: Session 1**

Small Group Panel: Session 2**

Small Group Panel: Session 3**

SATURDAY / JULY 25, 2015

General Lectures
 a.m. p.m.

6:30-8:00 a.m. Breakfast Symposium

1:00-2:00 p.m. Poster Abstracts Symposium

SUNDAY / JULY 26, 2015

General Lectures
 a.m.

7:00-8:30 a.m. Breakfast Symposium

*This program provides additional CECH (TBD).

**Each small group panel discussion provides an additional 2 CECH.

ANNUAL MEETING REGISTRATION & FEES

(Circle appropriate amounts)

	Until 3/29/15	3/30/15- 7/9/15	After 7/9/15
<input type="checkbox"/> APMA Member	\$345	\$495	\$595
<input type="checkbox"/> APMA Life Member	\$195	\$295	\$295
<input type="checkbox"/> Non-APMA Member	\$795	\$795	\$795
<input type="checkbox"/> Health Professional: RN, PT, PA, MD, DO, Chiropracist, ATC	\$795	\$795	\$795
<input type="checkbox"/> APMA Member: Podiatric Medical Student/Resident/Fellow/ Postgraduate	complimentary		
<input type="checkbox"/> Other <i>Please explain; include name of authorizing organization and individual:</i> _____	complimentary		

HANDS-ON WORKSHOPS

(Circle appropriate amounts)

<input type="checkbox"/> Workshop 1: Ultrasound Friday, July 24, 2015 1:30-5:30 p.m. <i>APMA has designated an unrestricted educational grant from Universal Imaging, Inc., to support this workshop.</i> 4 additional CECH Limited to 25 attendees	\$200	\$200	\$200
<input type="checkbox"/> Workshop 2: Introduction to Ankle Arthroscopy Saturday, July 25, 2015 6:30-9:00 a.m. <i>APMA has designated an unrestricted educational grant from Smith & Nephew to support this workshop.</i> Limited to 20 attendees	\$250	\$250	\$250
<input type="checkbox"/> Workshop 3: Advanced Ankle Arthroscopy Saturday, July 25, 2015 10:00 a.m.-12:30 p.m. <i>APMA has designated an unrestricted educational grant from Smith & Nephew to support this workshop.</i> Limited to 20 attendees	\$250	\$250	\$250

Total Fees \$ _____

ADDITIONAL EVENTS

- Preconference Educational Program/
ACFAOM Annual Clinical Conference**
Wednesday, July 22, 8:00 a.m.-5:00 p.m.
8 additional CECH
*Participants in the ACFAOM Annual Clinical Conference must
be registered to attend the APMA Annual Scientific Meeting.*
 ACFAOM and FPMA Members: complimentary
 Non-ACFAOM and Non-FPMA Members: \$99
- Podiatry Management Hall of Fame Luncheon**
Friday, July 24, 12:30-1:30 p.m.
Number of tickets: _____ at \$75
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 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